

PREDOCTORAL INTERNSHIPS
IN CLINICAL AND COUNSELING
PSYCHOLOGY

2009



VETERANS HEALTH ADMINISTRATION
PSYCHOLOGY SERVICE
EDWARD HINES, JR. HOSPITAL
HINES, IL 60141

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EDWARD HINES JR. HOSPITAL
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ACCREDITED BY
THE AMERICAN PSYCHOLOGICAL ASSOCIATION

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HINES HOSPITAL

Hines Hospital, in suburban Chicago, is one of the very largest and most diversified medical and surgical hospitals in the Department of Veterans Affairs system. Hines is one of the flagship hospitals in the VA health care system, and is located 12 miles west of downtown Chicago, on a 147 acre campus. The hospital is a tertiary referral center with many specialty services, including some that serve a large U.S. regional area. Hines is authorized to operate 483 hospital beds, and logged over 584,000 outpatient visits last year. The hospital staff and students saw approximately 52,000 patients last year. Hines has one of the largest research programs in the VA system, with approximately 550 projects, 160 investigators, and an estimated budget of \$19.5 million (VA and non-VA). The units and patient programs served by Psychology Service include: Ambulatory Care/Primary Care, Anesthesiology, Blind Rehabilitation, Clinical Neuroscience, Community-Based Outpatient Clinics, Compensated Work Therapy, Emergency Department, Extended Care Center (Geriatric), General Medicine and Surgery, Home-Based Primary Care, Infectious Disease, Inpatient/Residential Rehabilitation Psychiatry, Managing Overweight/Obesity in Veterans Everywhere Program, Memory Disorders Clinic, Mental Health Clinic (Outpatient Psychiatry), Mental Health Intake Center, Mental Health Intensive Case Management, Mental Health Transplants, Neurosurgery, Neurology, Physical Medicine and Rehabilitation, Polytrauma Program, Psychosocial Rehabilitation and Recovery Center, Spinal Cord Injury, Substance Abuse, and Trauma Services Program.

As a VA hospital, Hines is dedicated to the care of veterans whose injuries or medical conditions were obtained while in the military service of the United States. Hines is also authorized to serve all veterans who have limited financial resources. Hines serves a predominantly male White and African-American population. A smaller but growing percentage of our population is Latino or Asian-American. Approximately 2,500 female veterans were treated last year at Hines. There is significant diversity by ethnic origin, age, education and religion across our adult population. Our hospital staff is characterized by such diversity as well.

The Hospital is accredited by the Joint Commission on Accreditation of Health Care Organizations (JCAHO). Some hospital programs are accredited by the Commission for Accreditation of Rehabilitation Facilities. The Psychology Internship Program is accredited by the American Psychological Association (APA) and abides by the standards of the Association of Psychology Postdoctoral and Internship Centers (APPIC), including APPIC Match Policies adopted July 23, 2009.

ACADEMIC AFFILIATIONS

Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in health care professions. 164 medical residents and 68 associated health trainees (including six Psychology interns and four Psychology postdoctoral fellows) will receive funded training at Hines this year. An additional 790 students will receive unfunded training this year.

Hines is institutionally affiliated with Loyola University of Chicago, Stritch School of Medicine, and programmatically affiliated with the University of Illinois-College of Medicine, Chicago, and the Chicago Medical School. Loyola University Medical Center, which shares a campus with Hines, is one of the largest medical centers in the Chicago

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area, with 523 licensed beds on a 70-acre campus. Loyola is a nationally recognized leader in many health care specialties, including cardiology, oncology, neurology, and organ transplant.

Interns may follow one of four psychology rotations available at Loyola, have full access to Loyola's large medical library, and may join Loyola's highly rated health club. Our internship program maintains an affiliation agreement with Loyola that allows interns to rotate there without any administrative difficulties. Most of our interns elect to do a rotation at Loyola.

The Hospital and its academic affiliates conduct many symposia, workshops and consultant presentations on a broad range of topics from many health care fields. Several national, regional and state conferences and conventions, as well as the meetings of various psychological and related mental health professional associations are held on an annual basis in Chicago.

HINES AND CHICAGO

Hines V.A. is one of three VA Medical Centers that serve veterans in the Chicago area, which has a population of approximately 9,000,000 people. Although Chicago is often described as a world-class city and is currently ranked fifth among world economic centers, it retains a very friendly and comfortable Midwestern character, and may be the most livable major American city. The area, with its striking architecture, is home to hundreds of theatre companies and art galleries and to dozens of symphony orchestras, opera and dance companies, and art museums, many world-renowned. Cultural offerings are surpassed only in New York. Recreational opportunities abound, with 33 miles of lakefront beach and park, many professional and NCAA Division sports teams, and more restaurants, bars, clubs and festivals than anyone could cover in a lifetime. In 1997, Places Rated Almanac rated Chicago as the #1 metropolitan area in North America in its supply of recreational assets. Shopping is superb, with an extensive supply of both brand name and one-of-a-kind stores at all price levels. The diversity of the population adds tremendously to the richness of experience in living here. The Chicago area has one of the largest African-American, Latino and Asian-American populations in the country. Chicago is one of the largest Catholic Archdioceses in the U.S. and has the fourth largest Jewish population in the U.S. The Chicago area has one of the most diverse populations in the country across European heritage, with especially large numbers of people of German, Irish, Polish, Italian, English, Swedish, Czech, French, Russian, Norwegian, Dutch and Greek heritage. The gay and lesbian community is also one of the largest in the country, and has available hundreds of community and entertainment venues. This demographic diversity affords the Chicago area with many distinct neighborhoods and communities that enrich the region as a whole and make neighborhood exploration great fun. Families raising children will find available many communities with excellent school systems and very family-friendly environments. Public transportation is excellent within the city, and it is possible to take public transportation to Hines from the city or from nearby suburbs. The region as a whole is well served by a large network of highways. O'Hare Airport has more flights than any other airport in the nation, except for Hartsfield (Atlanta). Chicago is one of the primary academic centers in the U.S., with 46 colleges, universities and professional schools that serve nearly 500,000 students. With such a large student population, there is a wealth of rental properties available for interns moving to Chicago. Housing prices, and the cost of living in general, exceed the national average, but are

quite reasonable relative to the nation's other principal cities. The two principal downsides to Chicago are traffic congestion and the climate. Winters are long and challenging, especially for those not accustomed to living in the Midwest or Northeast, and internship interviewees will have the opportunity to experience Chicago at one of its most challenging times of year, mid-January. However, the vitality of the city does not diminish with the inclement weather, and summer and fall, in particular, offer plenty of opportunity to take advantage of the numerous outdoor recreational activities that the city has to offer. For more detailed information about the city, please contact the City of Chicago's web site at www.ci.chi.il.us/.

PSYCHOLOGY SERVICE

Psychology Service at Hines is one of several departments in the hospital's Mental Health Service Line. The Executive Psychologist reports directly to the Service Line Chief.

The staff of Psychology Service is comprised of 31 doctoral-level psychologists, and one program assistant. Four Loyola-based doctoral-level psychologists also serve as core faculty to our Internship Program. The broad range of expertise, background and experience represented in the staff at Hines is also reflected in the diversity of their professional assignments throughout the hospital. Most are involved in the training program as either major supervisors or secondary supervisors. Many supervisors hold faculty appointments at universities in the Chicago area and are active in research endeavors.

Psychology has maintained a psychology practicum program since 1947, and a Psychology Internship since 1950. The Internship Program has been formally accredited by APA since 1976. Psychology has a Postdoctoral Fellowship Program that began September 2008. That program maintains three one-year fellowship positions in PTSD/Substance Abuse, Primary Care, and Rehabilitation Psychology, and one two-year fellowship in Neuropsychology. The Fellowship Program is designed to foster significant clinical and didactic collaboration between interns and fellows.

INTERNSHIP PROGRAM PHILOSOPHY

An overriding philosophy guides the Psychology Internship Program of Hines VA Hospital. That philosophy provides direction for our training model, goals and objectives as we educate students in the practice of clinical and counseling psychology. Our philosophy includes the following assumptions:

1. For over 55 years, the Hines VA Hospital has embraced a generalist tradition in its training of clinical and counseling psychology students. We believe that the best training to prepare today's interns for the demands of tomorrow's professional challenges consists of providing the highest quality learning experiences to enhance maximum proficiency in clinical work across socio-economic and cultural boundaries that can be adapted to a variety of settings. Toward this goal, the Hines Internship provides training experiences in the context of a broad exposure to both medical and psychiatric patients. We believe that a familiarity with the psychological understandings, skills, and techniques utilized with both populations will enhance our graduates'

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effectiveness throughout their later careers, whether they work in health or traditional psychology. It is our philosophy that specialization as a psychologist is best accomplished at the postdoctoral level.

2. The Hines internship embraces an evidence based model of training in which science and theory inform practice. Interns are encouraged to base their interventions on the available scientific knowledge and, when applicable, empirically validated therapies. Such practices are reviewed in supervision and the intern may also be directed to further relevant theoretical or empirically-based writings.
3. Our long-range objective for each intern is to encourage the development of a sense of professional judgment, responsibility and identity, as well as compassion for others, in addition to putting his/her academic preparation into ethical practice. Throughout the year we provide an atmosphere in which interns, under supervision, can accept increasing responsibility for their professional work by learning to function as autonomously as their levels of competence, knowledge, and skills permit. Our goal is for the intern to transition from a student role to one in which he/she functions and feels competent to function in entry-level professional practice in clinical or counseling psychology at the conclusion of the internship year.
4. Our philosophy is that an intern is viewed as a respected and important part of our health care team. A logical extension of this philosophy is that the intern's case load is determined by the amount of professional work that will optimize his/her learning experience. The intern's experience at Hines is training-based rather than production-based.
5. Interns will have exposure to a demographically diverse caseload as they enhance their skills in psychological assessment, treatment, and consultation. The training experience is optimized through individual appreciation and clinical understanding of human diversity.

OUR TRAINING MODEL

Following our philosophy, we embrace a training model in which interns rotate across a wide range of clinical settings, in order to provide maximum exposure to a variety of experiences. This affords the intern the opportunity to develop skills in a number of hospital settings with a variety of patient problems and a number of supervisors. Assignments to supervisors are determined primarily on the basis of the skills to be learned by the intern and by the intern's training interests. The training focus in each setting includes the following elements:

1. development of site-specific knowledge and skills,
2. development of general clinical skills in assessment, consultation and treatment,
3. scholarly inquiry, and

4. development of a sense of professional judgment, responsibility and identity, and appreciation and understanding of individual diversity.

Reflecting our principle that clinical practice must embody a research and theory based orientation, we afford the intern an experience in which clinical practice is integrated with the scholarly inquiry surrounding practice. Reflecting that model, we especially seek students with strong scientific and theoretical grounding in clinical and counseling psychology. Training at Hines is viewed as an extension of the training the intern has received at his/her academic program. The intern and the Training Director design each intern's training at Hines to ensure that it is integrated with the intern's academic training and is aimed at further progression and development of the intern's knowledge base, professional judgment and skills attainment as well as in professional capability and identity.

TRAINING PROGRAM GOALS AND FOCUS

Our Program emphasizes generalist training. The goal of training at Hines is to produce graduates ready for postdoctoral or entry-level professional practice in clinical and counseling psychology that are professionally well-rounded and knowledgeable in a broad range of psychological skills. This overarching goal includes proficiency in psychological assessment and diagnosis, psychological treatment and psychological consultation. In addition, our goal is to promote interns' integration of psychological science and theory with psychological practice, enhance the development of skills in clinical conceptualization, and encourage the interns' appreciation for and understanding of individual diversity as it interfaces with psychological practice. It is also expected that the intern practices psychology in a professional and ethical manner and moves to a point of responsibility and identity consistent with entry-level professional practice in clinical or counseling psychology. Development of a professional identity is viewed as an essential component of our training program.

The Psychology Training Program is designed to offer graduate students from APA-Accredited schools a 12-month intensive training experience. All internship slots follow the generalist model of maximum exposure to a variety of experiences. This model affords each intern the opportunity to develop core clinical skills in a variety of hospital settings with a wide range of patient problems and many supervisors.

The intern will typically have one supervisor during a quarter in which he/she follows a full-time rotation. The intern will have more than one supervisor during a quarter if he/she takes two or three part-time rotations concurrently during that quarter.

Our program is learning- and training-based, as opposed to production-based. Service delivery is subsumed under the interns' training needs and interests, with the interns' clinical work during internship focused on preparing them to function in entry-level practice in their general fields of interest in clinical or counseling psychology. Our strong bias toward learning-based training is a point of pride for our program, and is characterized by a supervision-rich environment and by training that is focused on development of skills in psychological conceptualization.

The priority given to supervision and education for interns, which limits actual service delivery time, further demonstrates our internship program's focus on training over

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production. Interns are not expected to work more than 40 hours weekly, to ensure adequate time for the intern to engage in reading, audiotape review, self-processing of clinical work, dissertation-related activity (if needed), self-care and personal interests. Participation at educational conferences, seminars and workshops on- and off-station is encouraged during work hours, further demonstrating our commitment to training. Given the nature of funding for our hospital, revenue generation plays no role in determining any aspects of the interns' clinical activity.

The extent of clinical activity in which interns participate is structured to afford them the opportunity to focus on intensive work with fewer patients rather than less intensive work with more patients. We believe that this focus allows for more conceptualized learning and for more opportunity to integrate theoretical and scientific grounding with clinical practice.

Reflecting our model, interns determine to good measure their rotations, focusing on their training needs and interests. Within our generalist training model, all interns have the opportunity to customize a more specialized track that meets their training and professional goals. Our ability to provide both broad-based generalist training in core clinical competencies and a tailored internship experience reflects our wealth of rotational placements and supervisors available at Hines and Loyola concurrent with a relatively small internship class. Rotational selection is based on interns' training needs that are requisites for achieving our Program's core competencies, on interns' training interests, and on supervisory availability. An assessment of the intern's training needs will be made by the Training Director and the intern. Training assignments are made only after extensive discussions between them. The first quarter rotations are assigned before the internship year begins. The remaining rotations are often determined later in the year. This process is designed to be flexible in order to accommodate core competency requirements and changes in rotation preference as the interns' interests evolve and training needs and post-internship plans become increasingly clarified.

Service delivery needs within the various clinics and programs at Hines do not play a role in determining rotational selection. Furthermore, the clinical functions carried by interns within a given setting are determined more by their training interests and needs than by the clinical service needs of the setting. Interns are also assigned a demographically diverse caseload to promote their training in issues of individual diversity.

The Psychology Internship Program is committed to a training approach that is sensitive to human diversity. Interns are assigned an ethnically diverse caseload and are encouraged to bring issues of ethnic, cultural, and individual diversity into supervision. Supervisors attempt to provide interns with female veterans for their case load to promote caseload diversity by gender. Opportunities to develop a caseload that is diverse across age, gender, and socio-economic status are enhanced by the availability of off-site rotations at Loyola University Medical Center. Aspects of human diversity, including race, ethnicity, gender, sexual orientation, age, physical illness and disability are covered in seminars throughout the year.

Reflecting our focus on training that is sensitive to cultural and individual diversity, our Program also attempts to recruit classes that are characterized by cultural and individual diversity. We believe that a diverse internship class promotes quality clinical care and optimizes the learning environment. We also believe that learning is enhanced

by recruiting a class that is diverse across theoretical orientations and clinical/professional focus.

Reflecting our emphasis on education, training on the unit is supplemented by workshops, seminars, lectures, and staffings. Psychology Service staff members provide weekly training seminars, and consultants from outside Hines provide training seminars throughout the year. Interns are provided the opportunity to develop their own seminars and to make their own case presentations. Monday and Friday afternoon each week and an additional hour on Wednesday is devoted to seminars and workshops. Our interns are also encouraged to attend professional seminars and workshops in other clinical departments at Hines and at Loyola and in the community.

The didactic education and the supervision afforded the intern also aim at providing the intern with the means to integrate science and practice to a level appropriate for a professional clinical or counseling psychologist.

Seminar and workshop offerings present facets of both research and theoretical underpinnings and actual practice across a diverse range of psychiatric, neuropsychological and medical disorders and psychological techniques. Interns' involvement in grand rounds provides them with scientific information related to the disorders of patients with whom they work clinically.

Supervision is very focused on helping the intern integrate theory and science with practice. Interns are referred to appropriate suggested and required theoretical and scientific readings, may be encouraged to explore various theoretical perspectives as applicable to their clinical work, defend their practice through referral to scientific and theoretical underpinnings, may increase their knowledge through didactic involvement with interdisciplinary staff, and participate in didactic presentations. Interns may also present findings of their readings to staff and may participate in the collection of outcome data or may consider studies that might evaluate clinical conjectures.

Interns also make two Case Presentations that require discussion of the theoretical and scientific bases of their clinical work regarding the patient being presented. Interns formally present their doctoral research or a research area of interest to them as a seminar during the internship year. The intern's level of ability in integrating science and theory with practice is evaluated by both the supervisor and by the intern at the end of each rotation.

TRAINING OBJECTIVES

Training over the year focuses on helping interns develop skills in seven core competencies to a level appropriate for postdoctoral or entry-level Ph.D. or Psy.D. clinical or counseling psychology practice by the conclusion of the internship year. Our core competencies define our objectives.

Detailed objectives for training include the following core competencies:

1. assessment,
2. psychotherapy and intervention,
3. consultation,
4. supervision,

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5. professional presentations,
6. professional, ethical and legal conduct, and
7. strategies of scholarly inquiry and clinical problem-solving

At the conclusion of the internship year, achievement by the intern of a level of competence at or near entry-level practice in clinical or counseling psychology on each of these core competencies indicates to us that the intern has successfully completed the goal of our program.

Each rotation carries its own site-specific goals and objectives. These site-specific goals and objectives flow from the overall training goals and objectives of the Hines Psychology Internship Program. The goals and objectives of each rotation are described in the Internship Brochure and Internship Handbook.

CORE COMPETENCIES

The components of each core competency are described below:

Assessment

Interns should be able to conduct a clinical interview, administer, score and interpret psychological test data in the areas of intellectual and personality assessment, integrate data from the interview, testing and other sources, and communicate results effectively in writing and in verbal communication with patients and relevant interdisciplinary staff. Interns should demonstrate good judgment and critical thinking in selecting assessment approaches. Interns should be able to conduct a mental status examination. Interns should be able to arrive at accurate DSM-IV diagnoses and make appropriate and helpful recommendations to patients and interdisciplinary staff. Interns should have knowledge of the scientific, theoretical, empirical and contextual bases of assessment instruments and should be attuned to legal, ethical and diversity-related issues relevant to their assessments. Interns should be aware of and sensitive to developmental, pharmacological, social, systems and other issues relevant to assessment. Interns rotating through neuropsychology should develop an understanding of neuroanatomy and physiology, localizing, developmental, medical and neurological issues on task performance, and professional issues within neuropsychology.

Psychotherapy and Intervention

Interns should be able to competently conduct individual and group psychotherapy across a variety of problems and populations. If provided experience, they should be able to competently conduct couples and/or family psychotherapy across a variety of problems and populations. Interns should be familiar with the empirical bases of their interventions and should be able to competently conduct an empirically-based therapy. Interns should be familiar with the legal, ethical and diversity-related issues relevant to their interventions. Interns should be able to demonstrate effective rapport, empathy, warmth and genuineness with clients. Interns should be able to demonstrate support of clients but also effectively focus and control sessions. Interns should be able to make effective interpretations in interventions and facilitate clients' self-awareness and insight. Interns should demonstrate understanding of process issues as they arise

in psychotherapy and other interventions and should effectively manage transference and counter-transference. Interns should effectively manage clients' boundaries, demonstrate flexibility and creative problem-solving, and monitor progress toward therapeutic goals. Interns should understand the scientific foundation of psychotherapy (e.g., best practices, evidence based practice).

Consultation

Interns should be able to effectively conduct consultation to inter-disciplinary staff. Interns should have knowledge of their consultation role and of institutional and systems' dynamics and functions. Interns should demonstrate timely response to consultation requests, provide effective verbal and written feedback, and demonstrate rapport, collegiality, boundaries and participation in inter-disciplinary settings. Interns should be aware of diversity-related issues as they impact on consultation.

Supervision

Interns should demonstrate responsiveness to supervision, effectively prepare for supervision and effectively incorporate feedback from clinical supervisors into clinical practice. Interns should be familiar with methods and theories of supervision. Interns should demonstrate strong capacity for self-examination. If provided experience, interns may become effective as supervisors of practicum students.

Professional Presentations

Interns should be able to conduct effective professional presentations to other interns and Psychology Service staff. Interns should be able to demonstrate appropriate preparation, level and organization of presentations. Interns' presentations should be of high quality, should include literature review, and should integrate research and clinical issues as appropriate. Interns should actively participate in others' presentations.

Professional, Ethical and Legal Conduct

Interns should adhere to and understand the application of APA Ethical Principles and other Professional Standards. They should be familiar with and adhere to legal, regulatory and professional issues in professional psychology. They should demonstrate professional judgment, respect, sensitivity and behavior in their interactions with clients and staff, including record-keeping, responsibility, timeliness, punctuality, boundaries, maturity, initiative, motivation, and appropriate attire and presentation. Interns should maintain expected workload and professionalism in fulfilling clinical responsibilities. Interns should think critically, analytically and scientifically and develop their identity as a psychologist and their socialization into the profession.

Strategies of Scholarly Inquiry and Clinical Problem-Solving

Interns should demonstrate effective applications of scholarly inquiry and clinical problem-solving in their clinical work, supervision and professional presentations. Interns should demonstrate knowledge of the scientific and theoretical literature relevant to their rotations. Interns should effectively conceptualize clinical

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cases and situations. Interns should demonstrate familiarity with various theoretical perspectives relevant to their clinical work and should demonstrate knowledge of EBT/EBP approaches to clinical practice. Interns should be able to evaluate outcome data, should demonstrate awareness of potential sources of cultural bias and should complete their dissertations.

SUPERVISION

Learning is accomplished through experiential supervised practice with the patient population on rotation. All clinical work is supervised by Illinois-licensed clinical psychologists. All interns receive a minimum of three scheduled hours of individual supervision weekly. In addition, given the high level of interest and motivation of staff to provide education, interns usually have daily access to at least informal supervision. Supervision follows a developmental model, and is geared toward moving the intern toward increasingly autonomous practice. Supervision is individualized to note the entry level of skills the intern brings into the particular setting and follows the intern's progression of skills attainment. Supervisory styles vary across supervisors. Consequently, although the intern may expect a minimum of three hours weekly of scheduled individual supervision, many supervisors maintain a mentorial focus which entails much more intern supervisory interaction. There is also ample opportunity to receive additional input on an as-needed basis from other staff or consultants with special expertise.

Students receive additional supervision if they carry long-term therapy cases from previous rotations. The intern will receive ongoing individual supervision from the supervisor initially responsible for the therapy case.

Interns also participate in group supervision with a staff psychologist. There are five psychologists, each with a different theoretical orientation, rotating across the year in group supervision. Group supervision lasts one hour and meets each week.

The intern receives additional group supervision and opportunities for formal presentation within the Psychodiagnostic Seminar series and the Case Presentation series. Each series occurs once a month within two-hour time blocks. Interns are responsible for presentation and discussion of assessment and therapy cases within these series, which are facilitated by staff psychologists.

Supervision on each rotation follows a developmental progression from didactic education and observation toward increasingly autonomous practice. Supervision may include the following elements that are aimed at moving the intern toward increasingly autonomous practice of core competencies. The frame of supervision may include:

1. direct observation of the supervisor performing clinical activity,
2. direct observation of the intern performing clinical activity,
3. co-therapy and co-consultation,
4. review of audio-taped material, and
5. discussion of integration of scientific knowledge or clinical theory with the clinical presentation of the patient or the clinical direction taken with the patient.

Some supervisors will assist interns in examining their own issues to better understand how those issues interface with the various therapeutic cases being followed.

SEMINARS

Monday and Friday afternoons and one hour on Wednesdays are devoted to seminars and case presentations.

Monday seminars focus on both general and specialized clinical topics with focus on development of core clinical competencies in assessment, psychotherapy and consultation. Many Friday seminars examine issues related to professional practice in psychology and individual diversity in clinical practice. Other seminars build on skills development in core clinical competencies. Wednesday seminars cover a wide variety of clinical and professional psychology topics and also include a monthly diversity issues journal club. Some seminars are presented in a series format in order to provide more comprehensive exposure to topics. Seminar schedules are available on request.

Interns may also elect to participate in an extensive Sexual Dysfunction treatment series at Loyola. This program is offered once per quarter, and consists of 2 full days and 7 evenings of didactics and clinical practice.

RESEARCH INVOLVEMENT

Interns interested in collaborating with a staff member in an ongoing Psychology Service research project may find that opportunity within one or more rotational assignments. 5% of the internship training hours are approved for dissertation research, or for other non-rotational research if the dissertation has been completed. Interns who have defended their dissertation are encouraged to use research time to prepare their dissertation or other research for publication.

WHAT TO EXPECT FROM AN INTERNSHIP AT HINES: SUMMARY

Opportunities...

- to rotate through many different work settings, as determined by individuals' training needs and interests.
- to follow a customized track while also meeting the Program's requirements for generalist training.
- to work with a full range of adult populations and some child and adolescent populations.
- to get intensive experience in psychological testing, consultation, and treatment and in specialized fields in psychology.
- to work with individuals, groups, couples and families.

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- to work in one of the largest and most diversified hospitals in the largest hospital system in the United States.
- to receive clinical training at a large private sector medical center on the same campus.
- to work with one of the larger doctoral level psychology staffs in the Chicago area.
- to receive intensive supervision and mentoring.
- to focus on training and education, rather than on production.
- to receive theoretically diverse supervision.
- to assume significant responsibility for patient care.
- to work with many interdisciplinary teams throughout the hospital.
- to consult with many specialists in a variety of fields, including research experts.
- to attend numerous educational offerings.
- to attend professional conferences for training credit.
- to engage in collaborative or personal research projects, including dissertation.

INTERNSHIP SELECTION

Hines Hospital currently has six paid internship positions, all within our general track. We anticipate that we will have six positions for the 2010-11 training year. There are no un-stipended internships available. Training Committee rankings of internship applicants are made on the basis of the application information combined with the interview. Diversity is sought in terms of the applicant's academic affiliation, geographic location, and personal demographic background. The Program is most favorably disposed to students who:

1. have an approved doctoral dissertation proposal and a likely defense date scheduled before completion of internship
2. attend a Boulder-model scientist-practitioner doctoral program
3. have broad-based training in treatment and assessment
4. have academic exposure to diversity issues as well as clinical experience with a demographically diverse population
5. have experience and accomplishment in research and extensive scientific and theoretical grounding in psychology, and

6. have letters of recommendations that attest to the applicant's strengths in conceptual thinking, personal maturity and responsibility, clinical judgment, and ethical behavior. Such applicants are seen as most likely to be well-prepared academically and through practicum experience in these five relevant aforementioned areas.

WHAT HINES EXPECTS OF A PSYCHOLOGY INTERN

Beyond the intellectually curious and bright psychology students that virtually every graduate program produces, there are special characteristics that we seek. Because of our focus on more intensive work with fewer patients and our emphasis on supervision and training, we prefer interns who have very strong conceptualization abilities. The skills to work on a team and communicate well with other disciplines on the team are also necessary. A sense of self-awareness and motivation to structure time and function in an independent fashion are also highly important. Interns who are interested in working with patients and who seek close supervision find that they have a good "fit" here at Hines.

INTERNS' HOME UNIVERSITIES (1980-2008)

Local

Chicago School of Prof. Psychology
De Paul University
Illinois Institute of Technology
Illinois School of Prof. Psychology
Loyola University Chicago
Northern Illinois University
Northwestern University-Evanston
Northwestern University Medical School
Rosalind Franklin U of Medicine and Sci.
University of Illinois at Chicago

Out of Town

Bowling Green State University
City University of New York
Emory University
Florida Institute of Technology
Florida State University
Indiana State University
Indiana University-Bloomington
Kent State University
Marquette University
Michigan State University

Ohio State University
Pacific Graduate School of Psychology
Pennsylvania State University
St. Louis University
Southern Illinois University
Stanford University/Pacific GSP
Stony Brook U./State U. of New York
Texas Tech University
University of Albany/State U. of New York
University of Georgia
University of Illinois–Urbana-Champaign
University of Kansas
University of Kentucky
University of Missouri-Columbia
University of North Carolina-Greensboro
University of Notre Dame
University of South Dakota
University of South Florida
University of Southern Mississippi
University of Tennessee
University of Texas at Austin
University of Wisconsin-Madison
University of Wisconsin-Milwaukee
Virginia Polytechnic Institute & State U.

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CURRENT AND RECENT INTERNS

2009-2010

Lyuba Bobova, Ph.D. candidate, Indiana University-Bloomington
B.A., Indiana University-Bloomington
Chad Edwards, Ph.D. candidate, Indiana University-Bloomington
B.S., B.A., Indiana University, Bloomington
Carol Ann Faigin, Ph.D. candidate, Bowling Green State University
B.A., University of Missouri-Columbia
Liza Guequierre, Ph.D. candidate, University of Wisconsin-Madison
B.S., University of Wisconsin-Madison
Brent Kenney, Ph.D. candidate, University of Texas at Austin
B.A., University of Oklahoma
Kelly Wilson, Ph.D., Stanford University, recertification in clinical psychology
at Pacific Graduate School of Psychology
B.S., Pennsylvania State University

2008-2009

David Faigin, Ph.D. candidate, Bowling Green State University
B.A., Wesleyan University
Justin Greenstein, Ph.D., University of Illinois at Chicago
B.S., Binghamton University, State University of New York
Meredith Hanback, Ph.D., University of Illinois at Chicago
B.S., Duke University
Kenneth "Andy" Lehman, Ph.D., University of Kansas
B.A., University of Oklahoma
James Richard Monroe, Ph.D., University of South Dakota
B.A., Ohio University
Brenda Sampat, Ph.D., University of Kansas
B.A., University of Kansas

2007-2008

Vered Hankin, Ph.D., City University of New York
B.A., University of Kansas
Shanna Ling Murray, Ph.D., Bowling Green State University
B.A., San Diego State University
Scott Pickett, Ph.D., Northern Illinois University
B.S., Michigan State University
Jennifer Trotter, Ph.D., University of Illinois at Urbana-Champaign
B.S., Michigan State University
Erin Zerth, Ph.D., Southern Illinois University
B.A., Illinois Wesleyan University

2006-2007

Elizabeth Kunchandy, Ph.D., Loyola University Chicago
B.A., Northwestern University, Smith College

Kevin McKay, Ph.D., University of Wisconsin-Madison
M.A., Boston College
B.A., University of Wisconsin-Madison
Julie Miller, Ph.D., University of North Carolina-Greensboro
B.A., University of North Carolina-Chapel Hill
Russell Shearer, Ph.D., University of Georgia
B.S., University of Georgia
Amber Singh, Ph.D., Emory University
B.A., University of Wisconsin-Madison

2005-2006

Ariel Agosto-Cepeda, Ph.D., Michigan State University
B.A., University of Puerto Rico
Audrey DiFrancesco, Ph.D. candidate, Northwestern University Medical School
M.S.W., University of Chicago
B.A., Wesleyan University
Patricia Garcia, Ph.D., Northern Illinois University
B.A., Northern Illinois University
Joseph Wallach, Ph.D., Illinois Institute of Technology
M.A., Long Island University
B.A., CUNY Queens College

2004-2005

Kelly Flanagan, Ph.D., The Pennsylvania State University
B.S., University of Illinois, Champaign-Urbana

Kelly Kulkoski, Ph.D., Marquette University
B.A., Marquette University
Irena Persky, Ph.D., University of Illinois at Chicago
B.S., Loyola University Chicago
Anita Wells, Ph.D., Northwestern University Medical School
M.A., Wesleyan University
B.A., Yale University

2003-2004

Sofia Garcia, Ph.D., Loyola University Chicago
B.A., New York University
Allegro Johnson, Ph.D., Texas Tech University
B.A., Indiana University
Elise Massie, Ph.D., University of Illinois-Chicago
B.A., Bryn Mawr College
Laura Smith, Ph.D., University of Kentucky
B.A., Ohio State University
Maureen Stress, Ph.D., Rosalind Franklin U of Medicine and Science
M.A., New York University
B.A., University of Michigan

INTERNSHIP BROCHURE

2002-2003

Marci Etienne, Ph.D., University of Illinois at Urbana-Champaign
B.A., Chapman University
Courtney Fleisher, Ph.D., Kent State University
B.A., Bates College
Lynn Jonen, Ph.D., DePaul University
B.S., University of Wisconsin, Madison
Michelle Mitchell, Ph.D., Kent State University
B.A., Florida A&M University
Megan Null, Psy.D., Indiana State University
B.S., Western Illinois University
Gail Osterman, Ph.D., Illinois Institute of Technology
B.S., University of Wisconsin, Madison

2001-2002

Laura Avila, Ph.D., Northern Illinois University
B.A., University of Texas, Austin
Jennifer Jo Kim, Ph.D., Northwestern University Medical School
B.A., University of Chicago
Joseph Miller, Ph.D., University of South Dakota
B.S., College of William and Mary
Kurtis Noblett, Ph.D., University of Wisconsin, Milwaukee
B.A., University of Colorado, Boulder

2000-2001

Cathleen Buchanan, Ph.D., Rosalind Franklin U of Medicine and Science
B.A., Lafayette College
Kevin Kachin, Ph.D., The Pennsylvania State University
B.S., University of Iowa
Carly Kuczen, Ph.D., Northern Illinois University
B.A., University of Illinois at Urbana-Champaign
Lyssa Menard, Ph.D., Pacific Graduate School of Psychology
B.S., Rochester Institute of Technology

1999-2000

Alex Bivens, Ph.D., Loyola University Chicago
B.S., Emory University
Wendi Born, Ph.D., Northwestern University
B.A., Washburn University
Jodi Levy-Cushman, Ph.D., Michigan State University
B.A., Carnegie-Mellon University
Alison Miller, Ph.D., University of Illinois-Chicago
B.A., Cornell University

POST-INTERNSHIP EMPLOYMENT

Of those students who interned at Hines between 1999 and 2009, 62% sought and were accepted for postdoctoral training following completion of their internship year. Most were accepted at their first or second choice institution of postdoctoral training. Postdoctoral fellowship positions were taken at Northwestern University Medical School (2), the University of Chicago (2), the Chicago Center for Family Health/University of Chicago (2), the University of Illinois at Chicago, Rush-Presbyterian-St. Luke's Medical Center (Chicago), Evanston Northwestern Hospital (Evanston, Illinois) (2), Loyola University Medical Center, Georgetown University, Indiana University-Bloomington, the University of Wisconsin Hospital and Clinics-Madison, the University of Minnesota-Minneapolis, the University of Michigan-Ann Arbor, Kellogg Foundation/Morgan State University/Johns Hopkins University (Baltimore), Emory University, Children's Hospital of Philadelphia, Kaiser Permanente Hospital (Santa Clara, California), Edward Hines VA Hospital (2), VA Long Beach Health Care System (California), Clement Zablocki VA Medical Center (Milwaukee) (2), James A. Haley Veterans Hospital (Tampa), South Texas Veterans Health Care System (San Antonio), the Hawaii Department of Education (Lihue, Maui, Hawaii) and Brooke Army Medical Center (San Antonio). Of those not electing postdoctoral training, three obtained positions in university-affiliated private practices in Chicago. Two obtained positions in non-university-affiliated private practices in Chicago. Seven found positions in VA hospitals (including Hines), one accepted a university teaching position, and one took a position at an industrial/organizational psychology area at a private company. Two worked toward completing their dissertations. One attended a doctoral program that schedules fourth year internships and a return to campus for fifth year academic and dissertation work.

The diversity of employment settings in which our previous interns found jobs may reflect our effort at providing broad-based training, our interns' usual interest in obtaining broad-based training, and the diversity of work settings that is increasingly typical of professional psychologists working today.

INTERVIEWS

Individual interviews are considered a very important part of the application process. Our procedure is to screen applications on the basis of several criteria, such as amount and kind of practicum experience, research experience, letters of recommendation, and graduate course grades, before an interview is offered.

All applicants recommended by the Training Committee will be invited to interview with us during January. Notification will be no later than December 15, 2009. Out-of-state applicants needing interview selection information early in order to make travel arrangements should ensure all application materials are received by our Program at least 1-2 weeks before our deadline. An interview is required for acceptance into the internship program.

Applicants are typically interviewed by 3 staff members, including the Training Director. During the applicant interview, the applicant can field questions with the Training Director and during a meeting with current interns. A tour of the hospital is available to all interested interviewees. **Applicants are very strongly encouraged to arrange, in advance, meetings with staff members who work in areas of interest to them.**

INTERNSHIP BROCHURE

Applicants may email staff they would like to meet to schedule a time (staff email addresses are listed below). To facilitate coordination, applicants may prefer to ask the Training Director to schedule meetings with staff, especially when applicants would like to meet more than one staff member.

Matched applicants are notified in February in accordance with APPIC guidelines for the computer match.

The Hines VA Internship Program agrees to abide by the APPIC Policy that no person at this training facility will solicit, accept or use any ranking-related information from any intern applicant.

STAFF PSYCHOLOGISTS (Almost all are licensed in the state of Illinois.)

Richard Greenblatt, Ph.D. – Executive Psychologist
(richard.greenblatt@va.gov)

Tomasz Andrusyna, Ph.D. – Mental Health Intake Center
(tomasz.andrusyna@va.gov)

Beth Beenken, Ph.D. – Neuropsychology
(beth.beenken@va.gov)

Michael Blacconiere, Ph.D. - Physical Medicine & Rehabilitation/ Extended Care Center
(michael.blacconiere@va.gov)

Jeff Canar, Ph.D. – Spinal Cord Injury
(jeff.canar@va.gov)

Robert Chimis, Ph.D. - Mental Health Clinic, Post Traumatic Stress Disorder
(robert.chimis@va.gov)

Paul Fedirka, Ph.D. - Blind Rehabilitation Center
(paul.fedirka@va.gov)

Elizabeth Frazier, Ph.D. (unlicensed) – Trauma Services Program/Addiction Treatment Program
(elizabeth.frazier@va.gov)

Marilyn Garcia, Ph.D. (unlicensed) – Psychosocial Rehabilitation and Recovery Center
(marilyn.garcia@va.gov)

Patricia Garcia, Ph.D. - Mental Health Intensive Case Management Program
(patricia.garcia@va.gov)

Caroline Hawk, Ph.D., - Spinal Cord Injury
(caroline.hawk@va.gov)

Elizabeth Horin, Ph.D. (unlicensed) – Home Based Primary Care
(elizabeth.horin@va.gov)

Julie Horn, Ph.D. - Ambulatory Care/Primary Care
(julie.roberts@va.gov)

Paul Johnson, Ph.D. - Spinal Cord Injury
(paul.johnson@va.gov)

David Kinsinger, Ph.D. – Neuropsychology
(david.kinsinger@va.gov)

Kelly Maieritsch, Ph.D. – Trauma Services Program
(kelly.maieritsch@va.gov)

J. Richard (Ric) Monroe, Ph.D. (unlicensed) – Trauma Services Program
(james.monroe2@va.gov)

Thomas Murphy, Ph.D. – Inpatient and Residential Psychiatry
(thomas.murphy@va.gov)

Kurtis Noblett, Ph.D. – Trauma Services Program
(kurtis.noblett@va.gov)

Kathleen O'Donnell, Ph.D. - Practicum Coordinator, also Neuropsychology Coordinator
(kathleen.odonnell@va.gov)

Barbara Pamp, Ph.D. – Trauma Services Program
(barbara.pamp@va.gov)

Irena Persky, Ph.D. (unlicensed) - Home Based Primary Care
(irena.persky@va.gov)

Rene Pichler-Mowry, Ph.D. – Polytrauma Program
(rene.pichler-mowry@va.gov)

Kathleen Richard, Ph.D. – Mental Health Clinic
(kathleen.richard@va.gov)

Laura Schmitt, Ph.D. – Rehabilitation
(laura.schmitt@va.gov)

Bernard Sladen, Ph.D. – Psychology Training Director, also Outpatient Substance Abuse, and Infectious Disease Section
(bernie.sladen@va.gov)

Jonathan Sutton, Ph.D. – Mental Health Clinic
(jonathan.sutton@va.gov)

Amanda Urban, Ph.D. – Neuropsychology
(amanda.urban@va.gov)

Erin Zerth, Ph.D. (unlicensed) – Home Based Primary Care
(erin.zerth@va.gov)

INTERNSHIP BROCHURE

NON-STAFF PSYCHOLOGISTS (Licensed in the state of Illinois.)

Steve Kimmons, Ph.D. – Outpatient Psychiatry – Loyola UMC
(skimmon@lumc.edu)

Patricia Mumby, Ph.D. - Oncology – Loyola UMC
(pmumby@lumc.edu)

Mark Popenhagen, Psy.D. – Outpatient Psychiatry/Pediatrics – Loyola UMC
(mpopenhagen@lumc.edu)

Margaret Primeau, Ph.D, ABPP - Adult/Child Neuropsychology – Loyola UMC
(mprimea@lumc.edu)

SUPERVISORS

The direct patient experience, combined with the supervision received, constitute the most important elements of any training experience. The Psychology Staff at Hines is a large and varied group of doctoral level Psychologists. They come from 18 different universities, and some currently hold faculty appointments at a number of different teaching institutions in the Chicago area. There is wide variety in the theoretical orientations among the supervisors. Their average number of publications is 14, and their average number of years in the field is 17. Almost all of the Psychology staff are full time, and therefore supervisors are available not only for regularly scheduled meetings but for unscheduled supervision as well.

Our department is presently recruiting psychologists for positions in the Psychosocial Rehabilitation and Recovery Center and in Spinal Cord Injury Service. We also hope for possible recruiting opportunities beyond the aforementioned area.

INTERNSHIP SUPERVISORS DESCRIPTIONS:

ANDRUSYNA, Tomasz –

Ph.D. in Clinical Psychology from Northwestern University, Evanston. Professional Interests: Empirically Validated Treatments, Treatment Efficacy and Effectiveness, Mood and Anxiety Disorders, Diagnostic Assessment, Therapeutic Alliance. Research Focus: Psychotherapy Process and Outcome. Theoretical Orientation: Cognitive Behavioral.

BLACCONIERE, Michael J. -

Ph.D. from Northern Illinois University. Professional Interests: Geropsychology, Rehabilitation, Post-Traumatic Stress Disorder. Research Focus: health-risk and health enhancing behavior, eating disorders, PTSD, job satisfaction. Theoretical Orientation: Cognitive-Behavioral.

CANAR, Jeff -

Ph.D. from Illinois Institute of Technology. Professional Interests: Behavioral Medicine, Rehabilitation, Organizational Ethics. Research Focus: Hospital Quality Improvement. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

CHIMIS, Robert S. -

Ph.D. from Northwestern University. National Register of Health Service Providers in Psychology. Professional Interests: War-Zone Related Post Traumatic Stress Disorder. Research Focus: assessment of PTSD, Interaction between PTSD and Personality Features, Treatment Outcome Evaluation. Theoretical Orientation: Psychoanalytic.

FEDIRKA, Paul -

Ph.D. from Loyola University Chicago. Professional Interests: Blind Rehabilitation, Geropsychology, Clinical Supervision and Training, Clinical Ethics. Theoretical Orientation: Eclectic (Interpersonal/Humanistic).

FRAZIER, Elizabeth –

Ph.D. from the University of Alabama at Birmingham. Professional Interests: Post-traumatic Stress Disorder, Substance Use Disorders, Empirically Based Treatment including Prolonged Exposure, Cognitive Process Therapy, Acceptance and Commitment Therapy, and Mindfulness Based Treatment Approaches. Research Interests: Outcomes Research and Program Evaluation. Theoretical Orientation: Integrated Cognitive Behavioral and Interpersonal.

GARCIA, Marilyn –

Ph.D. from Northern Illinois University. Professional Interests: Affective Disorders, Stress and Coping, Psychosocial Rehabilitation, Sexual Trauma. Research Focus: Development and Maintenance of PTSD, Secondary Emotional and Cognitive Responses to Sexual Trauma. Theoretical Orientation: Cognitive-Behavioral, Interpersonal.

GARCIA, Patricia -

Ph.D. from Northern Illinois University. Professional Interests: Severe Mental Illness, Psychosocial Rehabilitation, Affective and Psychotic Disorders, Assessment. Research Focus: Minority Mental Health, Suicide, Depression. Theoretical Orientation: Cognitive Behavioral.

INTERNSHIP BROCHURE

GREENBLATT, Richard L. – Executive Psychologist

Ph.D. from University of Illinois at Chicago. National Register of Health Service Providers in Psychology. Professional Interests: Personality Disorders, Psychosis, Quantitative Applications. Research Focus: Clinical Judgment and Assessment. Theoretical Orientation: Actuarial/Empirical.

HAWK, Caroline –

Ph.D. from DePaul University. Professional Interests: Pain Management, Biofeedback, Relaxation Training, Rehabilitation Psychology, Spinal Cord Injury. Research Interests: Chronic Fatigue Syndrome, Diagnostic Reliability, Program Development, and Evaluation. Theoretical Orientation: Cognitive Behavioral.

HORIN, Elizabeth –

Ph.D. in Clinical-Community Psychology from DePaul University. Professional Interests: Behavioral Medicine (rehabilitation psychology, health psychology, geropsychology and neuropsychology), Community Psychology. Research Focus: Multicultural Assessment, Disability Issues. Theoretical Orientation: Integrative.

HORN, Julie –

Ph.D. from Florida State University. Professional Interests: Clinical Health Psychology in Medical Settings, Psychophysiological Disorders, Health Promotion/Disease Prevention, Short-term Solution-Focused Therapies, Non-compliance and compliance Motivation, Management of Difficult Patients. Research Interest: Movement Disorders that are associated with long-term use of neuroleptics. Theoretical Orientation: Psychodynamic.

JOHNSON, Paul B. -

Ph.D. from University of Illinois at Chicago. National Register of Health Service Providers in Psychology. Professional Interests: Physical Disability and Rehabilitation, especially involving Spinal Cord Injury and Multiple Sclerosis. Research Focus: Impact of Rehabilitation Intervention on Psychological Status and Health Psychology. Theoretical Orientation: Cognitive Behavioral.

KIMMONS, Steve –

Ph.D. from Loyola University Chicago. Professional Interests: Behavioral Medicine, Geropsychology, Personality Disorders, Mood and Anxiety Disorders. Research Interests: Depression and CHF, Religious Factors Contributing to Health. Theoretical Orientation: Cognitive Behavioral and Short-Term Dynamic.

KINSINGER, David –

Ph.D. from the University of Miami. Professional Interests: Clinical Neuropsychology, Geriatric Neuropsychology, Rehabilitation Psychology, Mild Cognitive Impairment and Dementias. Theoretical Orientation: Cognitive Behavioral.

MAIERITSCH, Kelly Phipps–

Ph.D. from Central Michigan University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments (specifically Cognitive Processing Therapy and Prolonged Exposure), and Diagnostic Assessment. Research Focus: Treatment Outcome, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

MONROE, J. Richard (Ric) –

Ph.D. from the University of South Dakota, Specialization in Disaster Mental Health. Professional Interests: Posttraumatic Stress Disorder, Motivation Enhancement/Motivational Interviewing, Empirically Supported Treatments, Psychological Assessment. Research Interests: Secondary Traumatic Stress, Treatment Outcome, Barriers to Treatment. Theoretical Orientation: Cognitive Behavioral.

MUMBY, Patricia –

Ph.D. from the Illinois Institute of Technology. Professional Interests: Behavioral Medicine, Psychosocial Oncology, Pain Management, Cognitive-Behavioral Therapy, Self-Management Skills. Research Focus: Quality of Life in Cancer Patients, Bone Marrow Transplant Procedure, Health-Related Behavior. Theoretical Orientation: Cognitive Behavioral.

MURPHY, Thomas J. -

Ph.D. from Loyola University Chicago. National Register of Health Care Providers in Psychology. Certificate of Proficiency in the Treatment of Alcohol and Other Psychoactive Substance Use Disorders from APA College of Professional Psychology. Certificate in Psychotherapy from Alfred Adler Institute. Professional Interests: Psychological Assessment, Social Interest. Research Focus: Personality Assessment. Theoretical Orientation: Cognitive-behavioral, Adlerian.

NOBLETT, Kurtis –

Ph.D. from University of Wisconsin-Milwaukee. Professional Interests: Post-Traumatic Stress Disorder, Anger Management, Empirically Validated Treatments, Diagnostic Assessment. Research Focus: Psychotherapy Outcome, Clinical Neuroscience. Theoretical Orientation: Cognitive Behavioral, Integrative.

INTERNSHIP BROCHURE

O'DONNELL, Kathleen -

Ph.D. from Southern Illinois University- Carbondale. Professional Interests: Neurodegenerative Disorders, Mild Cognitive Impairment, Assessment of Competency. Research Interests: Memory and aging; Use of neuropsychological assessment to predict functional outcome. Theoretical Orientation: Psychodynamic.

PAMP, Barbara -

Ph.D. from Purdue University. Professional Interests: Post-Traumatic Stress Disorder, Empirically Validated Treatments for PTSD, Supervision and Training. Research Focus: Risk (e.g., anxiety sensitivity, previous trauma) and Protective Factors (e.g., resilience, spirituality) in PTSD, Program Evaluation. Theoretical Orientation: Cognitive Behavioral.

PERSKY, Irena –

Ph.D. from the University of Illinois at Chicago. Professional Interests: Clinical Health Psychology in Primary Care, Adherence to Medical Treatments and Behavior Change, Interface of Clinical and Community Psychology. Research Interests: Health Promotion/Disease Prevention, Multiple Risk Behaviors, Adjustment to Challenging Life Transitions. Theoretical Orientation: Primarily Cognitive Behavioral.

PICHLER-MOWRY, Rene E,

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Pain Management. Research Interests: Pain Management, Adjustment to Physical and Mental Illnesses. Theoretical Orientation: Primarily Cognitive Behavioral.

POPENHAGEN, Mark –

Psy.D. from Minnesota School of Professional Psychology (now Argosy University). Professional Interests: Pediatric Psychology, Pain Management, Palliative Care and End of Life, Hematology/Oncology/Bone Marrow Transplant. Theoretical Orientation: Cognitive Behavioral.

PRIMEAU, Margaret –Chief of Psychology, Loyola University Medical Center

Ph.D. from the University of Chicago. Board certified in Clinical Neuropsychology. Professional interests: Child and Adult Neuropsychology. Research interests: neuropsychological dysfunction in PTSD, recovery from traumatic brain injury, neuropsychiatric disorders.

RICHARD, Kathleen –

Ph.D. from Northern Illinois University. Professional Interests: Substance Abuse, Trauma, PTSD, Psychosocial Rehabilitation, Eating Disorders, Individual and Couples Therapy, Relationship Issues and Dissociative Disorders. Research Focus: Psychosocial Rehabilitation. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

SCHMITT, Laura –

Ph.D. from Illinois Institute of Technology. Professional Interests: Health Psychology, Rehabilitation Psychology, Neuropsychology, Care Giver Mental Health. Research Interests: Health Psychology, Neuropsychology. Theoretical Orientation: Primarily Cognitive-Behavioral.

SLADEN, Bernard J. – Psychology Training Director

Ph.D. from Washington University in St. Louis. National Register of Health Care Providers in Psychology. Professional Interests: Substance Abuse, HIV Disease, Psychological Evaluation, Couples/Family Therapy. Research Focus: Mental Health Manpower, HIV Disease. Theoretical Orientation: Psychodynamic, Systems, Ecological.

URBAN, Amanda –

Ph.D. from Illinois Institute of Technology. Professional Interests: Neuropsychology, Anxiety Disorders, Rehabilitation Psychology. Research Interests: Neuropsychological Sequelae of Traumatic Brain Injury, Neurodegenerative Dementias, Ecological Validity of Neuropsychological Assessment. Theoretical Orientation: Cognitive Behavioral and Interpersonal.

ZERTH, Erin –

Ph.D. from Southern Illinois University-Carbondale. Professional Interests: Clinical Health Psychology in Primary Care, Physical Disability and Rehabilitation, Geropsychology, Weight Management, Pain Management, Neuropsychology. Research Focus: Interventions for Caregivers of Older Adults, Telehealth Interventions, Legislative Advocacy for Psychology. Theoretical Orientation: Cognitive Behavioral, Integrative.

ROTATIONS

Prior to the first internship quarter, the Training Director will speak with the intern to set up his/her first rotation.

During the first internship quarter, the Training Director will meet with each intern to complete an individual training schedule for the year. Rotational assignments will be based upon: 1) the intern's assessed training needs or deficiencies, 2) the intern's training interests, 3) the Program's Core Competency requirements, and 4) currently available rotations. Interns will typically have one to three rotations in a psychiatric setting, and one to three rotations in a health psychology/ behavioral medicine setting. Each intern must accumulate 10 credits in Psychotherapy/Intervention, 8 credits in Assessment (including 4 credits in formal assessment/testing), and 5 credits in Consultation over the course of the year. 32 credits in total will be accumulated over the course of the year, allowing flexibility in rotational selection. Core competency credit allocations for each rotation are noted in the Rotation Credits section of the Brochure.

The training year is divided into four three-month quarters. Rotations of three or six months length cover a variety of settings and skills at Hines. They can be combined to expose an intern to various populations concurrently. Listed below are the available settings for rotations.

Available Training Rotations

Adult/Child Neuropsychology (Loyola)
Ambulatory Care/Primary Care
Blind Rehabilitation Center (inpatient)
Extended Care Center
(inpatient geriatric & rehab unit)
Home Based Primary Care
Mental Health Clinic (outpatient
Psychiatry)
Mental Health Intensive Case
Management
Neuropsychology
Oncology (in and outpatient – Loyola)

Outcome Evaluation and Measurement
Outpatient Psychiatry Clinic (Loyola)
Outpatient Psychiatry Clinic-Pediatrics
(Loyola)
Polytrauma Program
Post Traumatic Stress Disorder
Spinal Cord Injury (inpatient,
outpatient, home care & residential
care
Substance Abuse (outpatient)
Trauma Services Program

Many full-time rotations may also be available on a part-time basis and can be combined with one or two other part-time rotations. Some rotations may be taken or must be taken part-time for six months. A few settings may not be available parts of the year. Only one half-time rotation may be taken off-site (e.g., Loyola), reflecting VA regulations. The Rotation Summary Scheduling Sheet in the Brochure details rotational scheduling availability.

ROTATION DESCRIPTIONS:

The following pages contain an alphabetical listing of the Internship Supervisors who provide major rotations.

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Michael Blacsoniere, Ph.D.

ASSIGNMENT LOCATION: Geropsychology

ASSIGNMENT DESCRIPTION:

The geriatric rotation covers three wards of patients which may range from 45-60 patients each at the Extended Care Center (ECC). These patients represent four, sometimes overlapping groups. One group consists of long-term care patients, such as might be found at a nursing home. A second group consists of rehabilitation patients, who require more retraining than traditionally found in an acute setting. The third group is comprised of those who are receiving respite care; in this instance, the patient is functioning in the community under the care of loved ones. These patients are generally admitted to the ECC for a week or two. The fourth group is hospice patients. This last group may be transferred from a hospital (often our own) or home and are expected to stay to the end of their lives.

As might be expected, the needs and patient goals vary by group, as well as by individual. A basic theme is coping with major losses in terms of health, independence and functioning. Patients may also present with prior mental health problems or with new psychiatric diagnoses. Another important function of the psychologist in this setting is serving as a consultant to staff when patients present with behavioral problems. The psychologist also responds to consults regarding patient's competency to make medical and financial decisions.

GOALS:

The Geropsychology rotation affords interns experience in the diagnosis, assessment and treatment of geriatric and rehabilitation patients. Interns will initially see patients with direct supervision, and may also see patients on rounds with psychiatry service. Later, interns will interview patients independently and provide diagnosis and treatment planning. In some of these cases, the intern may proceed with a short-term intervention as decided by the intern and supervisor.

1. By the conclusion of the rotation, interns should be able to assign DSM-IV diagnoses, screen for neuropsychological impairment and develop treatment plans.
2. Interns will provide appropriate clinical feedback to other professionals, patients and their families.
3. Interns will progress toward establishing their professional identity as psychologists while working as members of an interdisciplinary team.

Geropsychology

Assignment Supervisor: Michael Blacsoniere, Ph.D.

Page 2

TRAINING OBJECTIVES:

Interns will perform the following activities:

1. Diagnostic interviewing to identify psychological problems and symptomatology
2. Administration, scoring, and evaluating objective psychological tests that contribute to differential diagnosis and outcome measurement
3. Documenting the process of assessment through progress notes
4. Writing reports that integrate clinically important aspects of physical diagnoses and psychological distress/diagnoses
5. Developing acumen at prognosis of psychological/psychiatric problems
6. Recommending treatment approaches and identifying potential challenges to successful treatment
7. Making recommendations regarding the competency of patients to make health and financial decisions
8. Providing verbal feedback to patients and families in the context of therapeutic assessment
9. Providing verbal feedback to staff that addresses referral questions
10. Becoming adept at computerized charting and locating varied information in paper and computer medical records (such as imaging study results, laboratory tests, and previous psychological/neuropsychological assessments)
11. Contributing to treatment planning in formal and informal settings
12. Gaining familiarity with the professional goals and identities of other members of the treatment team
13. Establishing a professional identity within a multidisciplinary team
14. Attendance at didactic sessions throughout the hospital

SUPERVISION:

1. Students will generally receive 1:1 supervision in which cases and professional issues are discussed. The focus is generally on the presenting symptoms of the patients, but issues of transference and counter-transference as discussed as applicable.

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Robert S. Chimis, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic - Building 228
PTSD Assessment/Treatment

ASSIGNMENT DESCRIPTION:

This rotation focuses on psychological aspects of war-zone-related Post traumatic Stress Disorder (PTSD). Either a full-time or part-time rotation is for a six-month period, and consists of experience in assessment (primarily clinical interviewing, with the possibility for some psychological testing) and treatment (primarily individual and group therapy). The intern is expected to attend clinic staff meetings and relevant training activities. A part-time rotation may consist of assessment experiences and/or serving as a group co-therapist (six-month minimum required). Other training arrangements can be made, with the primary emphasis on providing an experience that optimally meets the intern's training needs. The intern may also participate in consultation activities within the clinic (e.g., diagnostic conferences) and/or outside the medical center (e.g., consultations at the Oak Park Vet Center).

A majority of patients seen in the clinic are veterans of the Vietnam War, but may include veterans of World War II, the Korean War, Operation Desert Storm, OIF/OEF and other conflicts. Many patients have experienced combat-related traumas; others have experienced other traumas while serving in the military; some patients have histories of physical and/or sexual traumas. Patients come from diverse socio-economic and ethnic backgrounds.

GOALS:

1. Display clinically relevant and accurate diagnostic skills.
2. Display empathy and competent therapeutic skills.
3. Participate with other professionals on an interdisciplinary basis.
4. Manage all clinical responsibilities in a timely and competent manner.

TRAINING OBJECTIVES:

1. Enhancement of clinically relevant and accurate diagnostic skills.
 - a. Schedule and complete two MHC New Patient interviews per week (30 minutes each).
 - b. Schedule and complete other assessments as per discussions with rotation supervisor
2. Enhancement of individual psychotherapy skills.
 - a. Maintain a caseload of patients (about 10-12 per week for

Mental Health Clinic - Building 228
Assignment Supervisor: Robert S. Chimis, Ph.D.
Page 2

full-time, about 5-6 for part-time rotations).

- b. Participate in regular supervision of each case (minimum one hour per week), with a focus on psychodynamic issues and treatment objectives (treatment typically consisting of a combination of exploratory and supportive approaches).
3. Enhancement of group psychotherapy skills
 - a. Serve as a co-therapist in one (or more) treatment group(s) per week.
 - b. Participate in regular supervision (minimum one hour per week), with focus on group dynamics and treatment objectives.
4. Participate with other professionals on an interdisciplinary basis.
 - a. Consult with other disciplines within the MHC staff who may also treat the intern's cases, and/or other professional staff as may be indicated on a case-by-case basis.
 - b. Attend weekly MHC diagnostic case conferences
 - c. Attend monthly consultation case conferences at the Oak Park Vet Center.
5. Manage all clinical responsibilities in a timely and competent manner.
 - a. Submit assessment and treatment notes to the rotation supervisor for review and discussion.
 - b. Meet with patients in a timely manner.

SUPERVISION:

The intern attends weekly supervision sessions to provide an opportunity for the psychodynamic exploration and understanding of diagnostic and treatment issues, and to utilize this knowledge for the benefit of the patients. Additionally, the intern will function with increasing responsibility and autonomy as he/she progresses throughout the internship year.

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Paul Fedirka, Ph.D.

ASSIGNMENT LOCATION: Blind Rehabilitation Center - Building 113

ASSIGNMENT DESCRIPTION:

The Hines Blind Rehabilitation Center is a 34 bed residential treatment program. Legally blind veterans from 14 Midwestern states are referred here for intensive blind rehabilitation training. The patients range in age from 19 to 90 but the majority are in their 60s and 70s. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills, and Low Vision Skills, and will last from 6-14 weeks depending on the needs and abilities of the patient.

All new patients are assessed by Psychology for their adjustment to blindness, their cognitive abilities, and their overall psychiatric status. The most commonly encountered diagnostic groups include: the mood disorders (from adjustment reaction to major depression); PTSD; and, substance abuse. Approximately 10% have significant neuropsychological deficits, while less than 5% have been diagnosed with schizophrenia, bipolar disorder, borderline personality disorder or antisocial personality disorder. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in adapting their program to the limitations a patient may have.

The most common causes of blindness are: macular degeneration; glaucoma; diabetic retinopathy; and, trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical/physical conditions, which may or may not be related to their vision loss (e.g. diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). The intern is expected to become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

GOALS AND TRAINING OBJECTIVES:

1. The Enhancement of Assessment and Interviewing Skills
 - a. Review medical records, interview and assess a minimum of 30 new patients during the rotation.
 - b. Observe/participate in 40 or more assessment/interview sessions with the supervisor.
 - c. Assess the psychological functioning of each patient. This will include possible DSM IV diagnoses, overall adjustment to blindness and the quality of social support system.
 - d. Conduct mental status screening during each assessment. Utilize other neuropsychological screening devices as warranted.

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- e. Produce a written product for each assessment that is done in language which is technically correct and suited for medical/rehabilitation professionals.
- 2. The Enhancement of individual psychotherapy skills
 - a. Conduct supportive or growth oriented psychotherapy with a caseload of approximately 4 clients per week.
 - b. Provide assessment feedback to each patient and to appropriate family members.
 - c. Become familiar with a pluralistic model for psychotherapy and develop interventions and treatment goals that are specific for each patient.
 - d. Learn interventions that will enhance the blind veteran's self esteem and comfort with their identity as a person with Visual Impairment (VI).
- 3. The Enhancement of Skills when Providing Consultation to non-Psychology Staff
 - a. Develop a familiarity with models for the provision of psychological consultation in medical and rehabilitation settings.
 - b. Provide independent consultation to members of the professional staff directly working with a patient. This may be done on an emergency or routine basis.
 - c. Participate in staffings. Present findings and recommendations based on the results of the psychological assessment. Develop objective, data driven treatment plans.
 - d. Understand and consider the dynamics of the institution, the history of the center and hospital, the institutional politics and other influences on the treatment program.
 - e. Establish their own professional identity as part of a rehabilitation treatment team.
- 4. Develop a Specialty Knowledge Base with Regard to Blindness, Rehabilitation Psychology and Geropsychology
 - a. Each student will participate in the patient role in 16 hours of blind rehabilitation classes.
 - b. Complete assigned readings in rehabilitation psychology, the psychology

INTERNSHIP BROCHURE

Blind Rehabilitation Center- Building 113

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of blindness, vocational psychology, and geropsychology.

- c. Complete assigned readings in related non-psychology areas, including blind rehabilitation and optometry/ophthalmology. Other readings may include legal and political issues as they pertain to blindness and disability.
 - d. Become familiar with the role of the psychologist in rehabilitation settings.
 - e. Become familiar with the professional roles and philosophies of other rehabilitation team members.
 - f. Attend didactic seminars.
 - g. Conduct preliminary vocational assessment interviews.
5. Enhancement of Group Therapy Skills
- a. Participate in weekly psychoeducational groups with blind patients.
 - b. Independently develop and present educational material at one group during the rotation.
 - c. Conduct relaxation/guided imagery groups when there are patient needs for this treatment.

SUPERVISION:

1. Assessment

Extensive supervision is provided throughout this rotation. The intern begins by observing assessments conducted by the supervisor, then participates in joint interviews and finally conducts independent interviews. Supervision begins before the actual patient contact when the intern and supervisor meet to discuss the veteran's medical record. Hypotheses are generated regarding the patient's dynamics and areas of inquiry are outlined for exploration during the assessment. If neuropsychological deficits are suspected test selection and interview strategies are prepared. When the intern is unfamiliar with presenting medical or ocular conditions reading will be assigned either before or after the actual assessment. A continuing emphasis is placed on developing the intern's critical ability to adapt their assessment strategies before and during the interview/testing process.

2. Intervention and Consultation

Formal supervision of individual psychotherapy cases is scheduled for a

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minimum of 2 hours per week. This time may also be used to discuss consultation practices, unit dynamics, hospital dynamics and professional issues. Informal supervision time is also available as needed. Feedback on written work is provided as reports are completed. Supervision for group therapy work is conducted in pre- and post-group sessions.

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ASSIGNMENT SUPERVISOR: Patricia Garcia, Ph.D.

ASSIGNMENT LOCATION: Mental Health Intensive Case Management Program (MHICM)
Building 228

ASSIGNMENT DESCRIPTION:

The MHICM program is an intensive, community-based clinical program whose purpose is to help veterans with a history of mental illness maintain themselves in the community to the best of their ability. Rather than depending on inpatient and emergency room care, MHICM helps veterans improve their lives and assist them utilize outpatient, community, and clinic-based services. The program is characterized by frequent (at least weekly) face-to-face home visits and a variety of support services which utilize various VA and community services. MHICM services include intensive case management in the home, emotional support in the home, coordination of medical and mental health care, assistance with medication management, crisis management, counseling regarding family issues, social skills, practical problem solving, finances, housing alternatives, and activities of daily living, information, referral, and assistance in applying for needed benefits, and access to vocational assessment and counseling. MHICM is based on the principles and practices of Assertive Community Treatment (ACT).

The MHICM program is intended to provide necessary treatment and support for veterans who meet all of the following criteria: diagnosis of severe and persistent mental illness, severe functional impairment, inadequately served by conventional clinic-based outpatient treatment or day treatment, high hospital use, and clinically appropriate for outpatient status. The MHICM team is comprised of the MHICM coordinator, a nurse practitioner, social workers, nurses, a vocational specialist, a case management assistant, a psychologist, and a psychiatrist.

A psychology intern completing a rotation with the MHICM team can expect to be a case manager and provide community psychiatric outreach for veterans. Case management includes, but is not limited to, assisting with transportation, activities of daily living, medication compliance, and working with other VA providers in both medical and mental health clinics, community agencies, and veterans' families. An intern can expect to perform a variety of clinical tasks including group and individual therapy, veteran and family psychoeducation and support, in vivo assessment, crisis and stress management, consultation, psychological and cognitive assessment as needed, treatment planning, and advocacy. The intern can also expect to be an integral part of the MHICM team and will participate in daily morning meetings and weekly treatment planning staff meetings.

GOALS:

1. Evaluate symptomatology and personality variables for the purposes of diagnosis and treatment planning.
2. Demonstrate competent clinical judgment and therapeutic skills.

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3. Progress toward establishing one's professional identity as a psychologist while working with and providing consultation to members of a multidisciplinary team and/or other VA staff.
4. Manage all clinical responsibilities in a timely and competent manner.

TRAINING OBJECTIVES:

1. Evaluate symptomatology and personality variables for the purposes of diagnosis and treatment planning.
 - a. Conduct pre-screening diagnostic interviews to verify that veterans meet MHICM criteria for admission to the program.
 - b. Review patient records and integrate information from diagnostic interview into reports.
 - c. Write comprehensive treatment plans for each new patient and modify over the course of treatment.
2. Demonstrate competent clinical judgment and therapeutic skills.
 - a. Maintain an adequate caseload of MHICM patients.
 - b. Administer evidence-based treatments.
 - c. Participate in regular supervision of each case with a particular focus on treatment objectives, application of therapeutic common factors, and selected therapeutic techniques.
 - d. Serve as a co-therapist in weekly process and/or psychoeducation groups.
3. Progress toward establishing one's professional identity as a psychologist while working with and providing consultation to members of a multidisciplinary team and/or other VA staff.
 - a. Function as an active member of the treatment team.
 - b. Consult regularly with other disciplines who may be co-treating veterans.
 - c. Attend daily morning meetings and weekly treatment planning meetings with MHICM team.
 - d. Provide referrals as needed to other VA providers and/or outside community agencies.

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4. Manage all clinical responsibilities in a timely and competent manner.
 - a. Submit all documentation to the supervisor and subsequently place in the assigned veteran's record within the time frame to be specified.
 - b. Manage all clinic responsibilities in a professional manner.
 - c. Meet with veterans in a timely manner.

SUPERVISION:

The intern will attend scheduled weekly supervision sessions. Supervisor also will be available for unscheduled supervision as warranted.

ASSIGNMENT SUPERVISOR: Richard Greenblatt, Ph.D.

ASSIGNMENT LOCATION: Throughout Hospital

ASSIGNMENT DESCRIPTION: OUTCOME EVALUATION AND MEASUREMENT

The intern participates in all phases of our ongoing outcome evaluation and psychometric measurement programs. These activities include formulation of outcome and psychometric hypotheses, literature reviews, data collection, data management, statistical analysis, preparation of presentations, and preparation of reports. Work products will be used for local evaluations, external presentation, or publication.

GOALS:

The Outcome Evaluation and Measurement rotation affords interns experience in the design, execution, and completion of health measurement projects. At various times, the projects might involve therapeutic change during treatment, historical comparisons of programs, comparisons across programs, predictors of outcome, needs assessment, targeted problem evaluation, or psychometric evaluation of instruments. Populations might be drawn from anywhere in the hospital. Interns are expected to bring projects to fruition during their rotation.

TRAINING OBJECTIVES:

Interns will perform the following activities:

1. Become familiar with the purposes and procedures of the outcome measurement program
2. Develop or participate in measurement projects consistent with hospital needs and time constraints
3. Depending on the phase of the project, complete the appropriate tasks, including:
 - a. Formulation of outcome and psychometric hypotheses
 - b. Participation in ongoing projects
 - c. Literature reviews
 - d. Data collection and management
 - e. Statistical analysis
 - f. Preparation of presentations or reports.
4. Participate in aspects of other projects as needed

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Outcome Evaluation and Measurement -Throughout Hospital

Assignment Supervisor: Richard Greenblatt, Ph.D.

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SUPERVISION:

The intern and supervisor will establish projects and goals jointly. Although enthusiasm is a necessary component in completing these types of projects, hospital needs are critical in establishing priorities and selecting projects. The overall direction of work on this rotation will occur under my close supervision, but the “nuts and bolts” of tasks will be largely autonomous.

ASSIGNMENT SUPERVISOR: Julie Horn, Ph.D.

ASSIGNMENT LOCATION: Primary Care/Ambulatory Care – Building 200

ASSIGNMENT DESCRIPTION:

Interns will focus on developing proficiency in health assessment and behavioral medical interventions that are respectful of the complexities of the biopsychosocial model of health. There will be an emphasis on both patient-centered consultation/treatment as well as cross-disciplinary collaboration. Interns will focus on developing both assessment and treatment skills with specific medical patient populations (e.g., patients with insomnia, diabetics with compliance issues, cardiac patients w/ depression) as well as assessment skills geared toward understanding how personality, psychopathology, and cognitive impairment can impact one's ability to optimally participate in one's health care. Interns will develop an understanding of how medical illness may complicate the process of making psychological diagnoses as well as how psychological problems negatively impact one's ability to optimally participate in maintaining one's physical well being. Treatment provided by interns will be geared toward helping patients cope effectively with major medical illnesses, promoting healthy lifestyles, encouraging treatment compliance, enhancing overall quality of life, helping patients to cope with functional changes and changes in family roles that occur as a result of medical problems. The majority of treatment will be short-term, solution-focused, cognitive behavioral and empirically validated. There will also be opportunities for interns to focus on participating in program development and outcome studies. Interns will have the opportunity to identify and utilize outcome measures in their clinical work in order to track meaningful changes in symptom reduction as vehicle to establish the efficacy of their treatments.

GOALS:

1. Develop skills necessary to work as part of multidisciplinary treatment team that will be the primary source of medical and psychological care for patients.
2. Develop the skills necessary to consult with physicians, nursing, etc. and other team members regarding various patient management issues.
3. Develop efficient, diagnostically accurate interviewing and assessment skills. Develop solution-focused treatment recommendations in a timely and competent manner.
4. Develop the ability to conceptualize psychological approaches to problems of health and illness.
4. Continue development of professional identity as a psychologist.

TRAINING OBJECTIVES:

1. Knowledge of pt's medical chart, including relevance of medical diagnoses on pt's psychological functioning.

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Primary Care/Ambulatory Care - Building 200

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2. Conducting intake diagnostic interviews (to include a mental status screening, overview of medical diagnoses and current treatments, compliance with treatments, and a complete psychosocial history) concluding with DSM IV diagnoses and a summary of how patient's psychological diagnoses impact his medical care. Timely communication of findings to physicians and other members of treatment team.
3. Maintaining a caseload of short-term, solution-focused individual and/or group therapy patients.
4. Maintaining accurate and timely records of intakes/therapy cases in patient's medical records that integrate information from assessment, psychological testing, and/or information provided by family or other members of treatment team. Each note will also contain objective, quantifiable goals for treatment.

SUPERVISION:

Interns are scheduled for 1-2 hours of direct individual supervision per week. While the majority of supervision time will be spent reviewing the results of diagnostic interviews and formulating treatment plans for individual patients, a fair amount of time will be spent discussing professional and practice issues related to the role of a health psychologist on a medical unit. There will also be a focus on understanding/developing a working knowledge of particular medical diagnoses and their physical and psychological sequela. Additionally, students will be given various reading materials, videotapes, etc in order to increase their understanding of the role of psychologists in medical settings.

ASSIGNMENT SUPERVISORS: Paul Johnson, Ph.D.
Jeff Canar, Ph.D.
Caroline Hawk, Ph.D.

ASSIGNMENT LOCATION: Spinal Cord Injury Service
Acute Rehabilitation Unit, Building 128,
Medical Care SCI Units (2), Building 128.
Outpatient Clinic, Building 128 / Home Care
Clinic
Residential Care Facility

ASSIGNMENT DESCRIPTION: Spinal Cord Injury Service

Hines SCIS is a regional center that provides acute rehabilitation, medical and sustaining care, long-term residential care, home care and outpatient care to veterans having a spinal cord injury. The veteran population tends to be bi-modal in age with younger veterans acquiring traumatic injuries due to accidents, etc. and older veterans acquiring SCI due to progressive disease or injuries related to falls, etc. The hospital based SCIS consists of two 34 bed units with approximately 6-8 of those beds committed to acutely injured individuals undergoing intensive rehabilitation. The Residential Care Facility houses 30 veterans who are spinal cord injured and require long term residential care. Finally, SCI outpatients are seen on follow-up in the acute hospital setting as well as in the home based care program.

Several of the following rotation options can be combined (e.g., 50% time on the acute unit can combined with 50% on the RCF). There are three quarter time options – one on SCI-South Medical inpatient, one in the SCI out-patient clinic, and possibly one in the RCF. Any of these rotations **must be combined** with another SCI rotation so that the intern is spending **at least 50% time** on SCI. We do not feel that a comprehensive training experience can be obtained through one quarter time rotation.

1) Acute Rehabilitation & Outpatient SCI Clinic: Dr. Canar

A. Rotation Description:

The acute rehabilitation program on spinal cord injury is a multidisciplinary program focusing on medical as well as psychosocial functioning throughout the patient's inpatient and outpatient care. The treatment team consists of medicine, occupational therapy, physical therapy, social work, nutrition, educational therapy, recreational therapy, nursing and psychology. The average length of stay is 8-12 weeks. Patients present with a variety of spinal cord problems (both traumatic and non-traumatic) as well as psychological problems which may or may not be related to their spinal cord impairment. Approximately 30% have some diagnosable psychological problem; most typically present with affective disorders and/or substance abuse. Severe psychiatric disorders (e.g., schizophrenia) are infrequent. Psychology services provides assessment and individual counseling to all rehabilitation patients, coordinates psychological and psychiatric care with the patient's attending physician, and acts as a consultant to the treatment team as necessary.

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Patients seen in the SCI outpatient clinic are veterans generally presenting for follow-up medical care or routine health screenings (e.g. annual evaluation). Coverage of the outpatient clinic by SCI psychologists is provided to identify and triage veterans in need of mental health services. Services provided include: brief diagnostic interview/assessment, formal diagnostic testing (as needed), preventive health screening and counseling, and consultation with clinic physicians and nursing staff. Patients who are initially seen in the outpatient clinic may therefore be seen for ongoing psychotherapy and behavioral health management.

B. Rotation Goals:

1. To learn the roles and functions of a health psychologist on a medical inpatient unit
2. To learn to function as key member of a multidisciplinary treatment team.
3. To develop clinical skills allowing for differential diagnosis of pathology through assessment, consultation and treatment planning, crisis management, case management, and patient advocacy.

C. Rotation Training Objectives:

1. The intern will provide comprehensive psychosocial assessments of 4-6 acutely injured individuals with SCI.
2. The intern will attend the patient staffings and acute rehab team meetings.
3. The intern will provide individual therapy of 4-6 acutely injured individuals with SCI.
4. The intern will be responsible for chart reporting, test reports, and treatment plans.
5. The intern will be responsible for reading and developing specialty knowledge in the areas of rehabilitation as well as spinal cord injury. A reading list is provided.

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6. If a full time rotation is elected and, if time allows, the intern may participate in ongoing performance improvement projects for the SCI service and can also participate in hospital committee work (Dr. Canar is the current chair of the Patients Rights and Ethics Committee).
7. If a full time rotation is elected, the intern is expected to provide 1 day of coverage in the outpatient SCI clinic. The intern will complete the clinical screens and meet with 10-20 patients being seen for follow-up outpatient appts. through the outpatient clinic.

SUPERVISION:

Interns are scheduled for a minimum of 2 hours direct, individual supervision per week. In addition, interns are encouraged to utilize the direct access to the supervisor on an as-needed basis throughout the day. The goal is for the intern to progressively develop more autonomy as the rotation progresses. Interns should become more involved until they develop the skills and confidence to be the primary provider. Formal evaluation of written work and assessments is ongoing throughout the rotation.

2) SCI-North Acute Medical/Sustaining Care Inpatient Rotation & Outpatient SCI Clinic: Dr. Hawk

A. Rotation Description:

This is a half to full-time rotation that involves working on one of the inpatient SCI units as well as the SCI outpatient clinic. Patients who are seen on the inpatient unit are veterans who have an acute medical condition (e.g., congestive heart failure, UTI, pressure ulcer) in addition to a spinal cord injury. Some of these patients have lengthy hospitalizations (4 months +) due to the nature of their medical problems and are classified as “sustaining care.” The veteran population on this unit tends to be either middle aged (50’s) or elderly (70+). This therefore is an opportunity to gain experience in geropsychology. Common presenting complaints include depression, anxiety, PTSD, pain, and difficulty adjusting to aging with a disability. Other common issues involve substance abuse, compliance with medical treatment, mental status changes, and differentiating delirium, dementia and depression. Services provided include: diagnostic testing, individual therapy, family therapy, and consultation.

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Patients seen in the SCI outpatient clinic are veterans generally presenting for follow-up medical care or routine health screenings (e.g., annual evaluation). Coverage of the outpatient clinic by SCI psychologists is provided to identify and triage veterans in need of mental health services. Services provided include: brief diagnostic interview/assessment, formal diagnostic testing (as needed), preventive health screening & counseling, and consultation with clinic physicians and nursing staff. Patients who are initially seen in the outpatient clinic may therefore be seen for ongoing psychotherapy and behavioral health management.

Interns will have the opportunity to function as a member of a multidisciplinary team comprised of physicians, nurses, physical therapists, social workers, psychologists and dietitians. Interns are strongly encouraged to attend weekly multidisciplinary staffings and monthly grand rounds. The workload activities on this rotation tend to be evenly distributed amongst consultation, assessment, and individual therapy. Often times therapy will involve working with the veteran's spouse and/or family. There is also opportunity to gain training and clinical experience in biofeedback.

B. Rotation Goals:

1. Progression toward establishing their professional identity as psychologists while working as members of an interdisciplinary team.
2. Development of skills necessary to consult with physicians, nursing, and other team members regarding various patient management issues.
3. Development / refinement of efficient, diagnostically accurate interviewing and assessment skills.
4. Development of skills needed to provide verbal feedback to patients and their families in the context of therapeutic assessment and treatment.
5. Development of short-term therapy skills and solution-focused treatment recommendations in a timely and competent manner.
6. Refinement of report writing skills.

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C. Rotation Training Objectives:

The intern will provide comprehensive assessments (i.e. full intake interviews) of 7-8 individuals with SCI. These include clinical interviewing as well as any indicated psychometric assessments of personality, mood, and cognitive function. The intern is expected to produce an integrated report to be entered in the patient's chart within one week of completing interviewing and assessment.

2. The intern will carry an overall caseload of approximately 6-8 medical inpatients having SCI. In general, clinical services provided to these patients will involve assessment and weekly individual therapy. Interns are expected to meet with patients they are assigned to at least once a week for follow-up and therapy. Interns are also expected to write chart notes on these patients in a timely manner (preferably same day as the patient was seen).
1. If a full time rotation is elected, the intern is expected to provide 1-2 days of coverage in the outpatient SCI clinic.
2. The intern will be responsible for reading provided materials on SCI and developing specialty knowledge in the area of spinal cord injury.

SUPERVISION:

Interns will receive a minimum of 1 hour of direct individual supervision for their work on the inpatient unit. Direct supervision is available, but not mandatory. Additional supervision is always available as needed and can be scheduled on a regular basis. The intern will be expected to progressively develop more autonomy as the rotation progresses and their skill develops.

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3) SCI-South Acute Medical/Sustaining Care Inpatient Rotation & Acute Rehabilitation Patient Education: Dr. Johnson

A. Rotation Description:

Interns may elect to spend a quarter- time or half-time rotation on the SCI-South medical inpatient unit and also provide rehabilitation education to SCI-North acute rehabilitation patients. All SCI medical inpatients are evaluated by Psychology for their psychiatric status, adjustment to their disability and their cognitive functioning. Approx. 30% have some diagnosable psychological problem, most typically an affective disorder and/or substance abuse and approximately 10% have some closed head injury or dementing illness impacting their cognitive function to some extent. Severe psychiatric disorders (e.g. schizophrenia) are infrequent.

All medical inpatients are seen by Psychology with issues of mood disorders, treatment compliance, delirium, and neuropsychological evaluation being the most prevalent causes for intervention. Many SCI patients are also seen for individual counseling concerning their mood disorders or adjustment to their disability. Brief therapy modalities and problem-focused empirical treatments are provided in addition to supportive counseling interventions. In addition, acutely injured SCI patients undergoing rehabilitation are seen either individually or in a psycho-educational group format for rehabilitation education concerning SCI, adjustment to disability, pain, sexuality and a variety of other content areas.

B. Rotation Goals:

1. To develop an overall understanding of the role of a health psychologist on an SCI medical inpatient service working within a multidisciplinary team model with patients who are typically not psychopathological in their psychological functioning.
- To develop clinical skills allowing for differential diagnoses of pathology as well as their adjustment to physical disability. To develop treatment skills to provide primarily individual interventions to help people cope with their disability and their emotional reaction to their disability.

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3. To develop professional skills relevant to working collaboratively with medical providers and multi-disciplinary rehabilitation professionals.

C. Rotation Training Objectives:

1. The intern will provide comprehensive assessments of 3-5 individuals with SCI having a variety of medical complications (e.g. CA, Cardiac, skin care, etc.). These assessments include clinical interviewing as well as psychometric assessment of personality and cognitive function when indicated.
2. The intern will develop and present patient education seminar(s) (1-2) for acutely injured individuals with SCI.
3. The intern will provide evaluation and treatment services to 5-10 medical inpatients having SCI. Clinical services include differential diagnoses, follow-up counseling, team consultation, and triage to specialty services (e.g. Psychiatry, Neuropsychology, etc.) as indicated.
4. The intern will be responsible for timely chart reporting, test reports, treatment plans, etc. for patients they see professionally.
6. The intern will be responsible for reading and developing specialty knowledge in the areas of rehabilitation as well as spinal cord injury.
7. If indicated, the intern may pursue some rehabilitation research in addition to their clinical work. The opportunity exists for professional participation in spinal cord injury guild organizations.

SUPERVISION:

Interns are scheduled for a minimum of 2 hours direct, individual supervision per week. In addition, interns are encouraged to utilize the direct access to the supervisor on an as-needed basis throughout the day. The goal is for the intern to progressively develop more autonomy as the rotation progresses by utilizing an apprentice model. Initially, interns observe the supervisor, then slowly become more involved until they develop the skills and confidence to be the primary provider. The intern is primarily responsible

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for directing the supervisory time however, formal evaluation of written work and assessments in ongoing throughout the rotation. In addition, for specialty clinical skills (e.g. hypnosis, pain management, etc.) the intern can schedule specific time for supervision.

4) Residential and Long-term Care sub-rotation: (The psychologist assigned to this area will move to another VA hospital this year. We hope to fill this position soon.)

A. Rotation Description:

Interns may elect to spend a quarter to a half time rotation on the Residential Care Facility (RCF). RCF houses 30 long-term care patients with varying levels of psychological need. Interns can gain experience in short-term psychotherapy and assessment with patients, as well as consultation and skill building with the Nursing staff and other members of the treatment team. Patient presenting problems include: depression, anxiety, treatment non-compliance (especially related to diet and pressure sore prevention/healing), adjustment to long-term disability, sleep disorders, obesity, chronic pain, substance abuse, dementia, and personality disorders. The intern will work with patients with varying levels of physical functioning. Some are fairly highly functioning and independent, and others are almost entirely dependent for their care needs. The intern will also contribute to weekly multidisciplinary staffing meetings, and participate in team building sessions with the RCF Nursing staff as needed.

B. Rotation Goals:

1. To develop an understanding of the role of a psychologist in a residential care setting working with a multidisciplinary treatment team.
2. To develop skills in the assessment and treatment of varying levels of psychopathology, ranging from mild mood disturbance to severe Axis I and Axis II disorders.
3. To develop skills in working with the interdisciplinary team on both patient-focused care issues, and as well as conflict resolution between staff and patients.
4. To learn the specialized knowledge required of the SCI/D population, and the role that a health psychologist plays with the SCI/D population.

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5. To learn special therapeutic and assessment-related needs, specific to individuals with significant physical limitations.

C. Rotation Training Objectives:

1. The intern will complete comprehensive assessments as needed on 2-4 RCF patients. The intern will integrate interview data with objective psychometric measures.
2. The intern will follow 1-4 patients for short-term, individual therapy.
3. The intern will participate in the RCF staff development group.
4. The intern will attend weekly staff meetings.
5. The intern will be responsible for chart reporting, test reports, treatment plans, feedback, etc. for patients they see professionally.
6. The intern will be responsible for reading and developing specialty knowledge in the area of spinal cord injury and adjustment to disability.

SUPERVISION:

Interns will receive a minimum of 1 hour of direct individual supervision for their work on RCF. Additional supervision will be available as needed. Based on prior training and background, the intern will be expected to progressively develop more autonomy as the rotation progresses.

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ASSIGNMENT SUPERVISOR: Steve Kimmons, S.J., Ph.D.

ASSIGNMENT LOCATION: Loyola University Medical Center
Dept. of Psychiatry & Behavioral Neurosciences
Fahey Center (B-54)
Loyola University Medical Center
2160 S. First Ave.
Maywood, IL 60153

ASSIGNMENT DESCRIPTION:

The Outpatient Psychiatry Clinic at the Loyola University Medical Center employs a multidisciplinary approach to the diagnosis, treatment and prevention of a wide range of psychological issues found in a multicultural population. The LUMC Outpatient Psychiatry Clinic provides psychological assessment and treatment services to child, adolescent, and adult patients as well as couples. Interns will gain experience in initial diagnostic interviewing, report writing, provision of cognitive-behavioral and psychodynamic therapies, and the application of behavioral medicine techniques to the treatment of physical illnesses.

Common presenting problems include: major depression; anxiety; panic disorder; mood instability; adjustment problems with mixed emotional features; coping skills deficit; difficulties managing role and lifestyle changes; altered self-esteem; chronic pain; and family concerns. The intern's time is divided between providing outpatient concerns and inpatient consultation. The intern will work closely with psychiatry and social work in providing psychodiagnostic and psychotherapeutic services.

GOALS:

1. To develop psychodiagnostic and psychotherapeutic skills essential for working with a medical population. To gain an understanding of the biopsychosocial model as a theoretical approach to the assessment and treatment of mental illness.
2. To understand the health psychologist's role in an academic medical center setting and gain experience establishing and maintaining professional relationships with a multidisciplinary health care team.

OBJECTIVES:

Interns will have the opportunity to perform the following activities:

1. Psychodiagnostic interviewing to assess psychopathology and formulate treatment options for patients. The intern will learn skills essential to building the therapeutic relationship within the context of the initial diagnostic interview. The intern will conduct an average of 2 – 4 initial diagnostic interviews each month.

Department of Psychiatry-Loyola
Assignment Supervisors: Steve Kimmons, Ph.D.
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2. Administer, score and interpret psychological measures related to personality formation for the purpose of case conceptualization, treatment planning and outcome assessment.
3. Provide psychotherapy services to patients as indicated by clinical assessment findings. Maintain appropriate chart documentation of services provided.
4. Provide consultation and feedback to the psychiatrist for the purpose of medication management.
5. Establish professional identity as a member of a multidisciplinary health team.
6. Attend grand rounds and other didactic sessions at the medical center. The intern will be assigned various independent readings regarding psychotherapy and health psychology.

SUPERVISION:

Interns are scheduled for 1-2 hours of direct, individual supervision each week. In addition, interns are strongly encouraged to contact the supervisor for daily, informal supervision. The intern's prior experience and knowledge base is considered when determining patient assignments. The intern initially observes the supervisor conducting assessment interviews, then conducts interviews jointly, and as the intern's skills develop conducts interviews independently. Supervision time is used to discuss diagnostic assessments, psychotherapy cases, medical center dynamics, consultation issues, and the psychologist's role as a health care provider

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Kelly Phipps Maieritsch, Ph.D.
Kurt L. Noblett, Ph.D.
Elizabeth C. Frazier, Ph.D.
Barbara Pamp, Ph.D.
J. Ric Monroe

ASSIGNMENT LOCATION: Trauma Services Program
Building 228, 4th Floor

ASSIGNMENT DESCRIPTION:

This rotation is focused on providing education, assessment, and psychotherapy for veterans who have experienced trauma and manifest trauma-related symptoms and/or problems with functioning. Veterans may have experienced all types of trauma including but not limited to: combat, sexual assault, physical assault, and survivors of attempted homicide. Veterans may also have dual diagnosis of PTSD and substance abuse/dependence. Patients consist of both men and women representing all eras of service (e.g., Vietnam, Desert Storm, OEF/OIF). The Trauma Services Program is a specialty program (previously referred to as the PTSD Clinical Team) whose primary mission is to provide psychoeducation and evidence-based treatments to veterans coping with posttraumatic reactions. Another key component of the program is training and consultation for other VA staff.

The intern will have the opportunity to participate in various aspects of this program. They can expect to administer individual and group psychotherapy (the latter of which is the more prominent modality of treatment in the program). Current strategies revolve around empirically based treatments, mostly pulling from cognitive behavioral theory. Treatments currently offered include Cognitive Process Therapy (CPT), Prolonged Exposure (PE), Seeking Safety, Mindfulness Based Coping Skills, Anger Management, and Motivational Interviewing. Interns will also participate in introductory psychoeducation class disseminating information regarding trauma, trauma reactions, and therapy options to veterans. The intern will be encouraged to utilize objective assessment measures for both diagnostic and outcome purposes, as well as for treatment planning. Interns may also be able to participate as evaluators for grant-funded treatment outcome studies. These evaluations are detailed batteries including training in structured-interviewing [e.g., SCID I and Clinician Administered PTSD Scale (CAPS)].

The Trauma Services Program currently consists of five psychologists, one social worker, and part-time psychiatry. Weekly meetings with the treatment team provide the opportunity for case discussion and treatment planning. Attendance at weekly group consultation provides further training and consultation in the implementation of evidence-based practice. Interns will be assigned to a primary supervisor and have opportunities for additional training with other clinical staff.

Trauma Services Program – Building 228

Assignment Supervisors: Kelly Phipps Maieritsch, Ph.D. and Kurt Noblett, Ph.D.

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GOALS:

1. Demonstrate accurate diagnostic skills based on objective assessment and interview.
2. Develop treatment plans specific to the unique mental health needs of each patient.
3. Exhibit competence in the administration of empirically based treatments in both group and individual format.
4. Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to the patients.
5. Function autonomously and responsibly in handling all aspects of patient care specifically tracking and follow-up of patients.

TRAINING OBJECTIVES:

Demonstrate accurate diagnostic skills based on objective assessment and interview.

Select and administer appropriate assessment measures (CAPS, BDI-II, PTSD checklist) specific to the patient's needs.

Review patient records and integrate information from diagnostic interview into integrated reports (1-2/mo).

Utilize psychotherapy outcome measures (e.g., BDI-II, Distress Tolerance Scale, PTSD checklist) for quality assurance and treatment planning.

Develop treatment plans specific to the unique mental health needs of each patient.

Incorporate data from assessment and interview in directing treatment strategies.

Draft comprehensive treatment plans for each new patient; modify over the course of treatment as needed

Exhibit competence in the administration of empirically based treatments in both individual and group format.

Select appropriate treatment manuals for the administration of empirically based treatments.

INTERNSHIP BROCHURE

Trauma Services Program – Building 228

Assignment Supervisors: Kelly Phipps Maieritsch, Ph.D. and Kurt Noblett, Ph.D.

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Administer manualized treatments to at least three patients in individual psychotherapy.

Serve as co-therapist in a weekly psychotherapy group based on a time-limited treatment approach (as patient need permits).

Provide consultation with the Trauma Services Program treatment team and other staff members who provide multidisciplinary care to the patients.

Attend weekly staffing meetings with Trauma Services Program treatment team.

Provide referrals for medication management and consultation to other staff members as necessary.

Function autonomously and responsibly in handling all aspects of patient care.

Submit reports and treatment notes in a timely manner.

Schedule initial sessions quickly (within 48 hours) and respond to no-shows/cancellations effectively.

Coordinate multidisciplinary care through formal consultation and direct contact with other treatment providers.

SUPERVISION:

Supervision will consist of weekly scheduled meetings with identified primary supervisor, who will also be available for unscheduled supervision as needed.

Supervision will consist of review of assessment profiles, diagnostic reports, treatment plans, and general case conceptualization.

ASSIGNMENT SUPERVISOR: Patricia Mumby, Ph.D.

ASSIGNMENT LOCATION: Oncology - Loyola
Cardinal Bernardin Cancer Center
Loyola University Medical Center
2160 S. 1st Avenue, Building 112, Rm B1
Maywood, IL 60153
708-327-2133

ASSIGNMENT DESCRIPTION:

The Cardinal Bernardin Cancer Center at Loyola University Medical Center is dedicated to cancer research, diagnosis, treatment and prevention. The Psychosocial Oncology Program provides psychological assessment and treatment services to adult oncology patients and their family members. The psychology intern will have the opportunity to learn about the psychological and behavioral factors that impact on patients' coping efforts and intervene with patients to improve coping, facilitate adjustment, and reduce emotional distress. Interns will gain experience in patient interviewing, report writing, cognitive-behavioral and supportive therapies, and application of behavioral medicine techniques to the psychosocial problems associated with a cancer experience.

Common presenting problems include: psychological reactions to a cancer diagnosis and/or treatment, such as, denial, anxiety, depression; maladaptive coping behaviors or coping skills deficit; difficulties managing role and lifestyle changes; altered self-esteem; changes in body image; non-adherence to medical recommendations; pain problems; cancer survivorship issues; end of life issues; and family concerns. The intern's time is divided between providing in-patient consultation and out-patient services. Patients undergoing aggressive cancer treatments, such as bone marrow transplantation, are evaluated by the Psychosocial Oncology service, and approximately 25% - 30% of these patients have a diagnosable psychological problem and require psychological intervention during and after their cancer treatment. Interns will gain experience with individual, family and group treatment approaches.

GOALS:

1. To develop assessment and intervention skills essential for working with cancer and other medical populations. To gain an understanding of the biopsychosocial model as it applies to the cancer patient's experience and health care.
2. To understand the health psychologist's role in an academic medical center setting and gain experience establishing and maintaining professional relationships with a multidisciplinary health care team.

OBJECTIVES:

Interns will have the opportunity to perform the following activities:

- 1 Diagnostic interviewing to assess psychological functioning of the patient and/or

INTERNSHIP BROCHURE

Oncology - Loyola

Assignment Supervisor: Patricia Mumby, Ph.D.

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family members, identification of psychosocial issues and evaluation of patient's adjustment to the cancer diagnosis/treatment. Review of the patient's medical record. The intern will conduct an average of 2 – 4 interviews/assessments each month.

2. Administer, score and interpret objective psychological measures for the purpose of case conceptualization, treatment planning and outcome assessment.
3. Write a report for each patient interviewed; integrating information from the diagnostic interview, psychological testing, collateral information from family &/or oncology staff and review of the medical record.
4. Provide psychotherapy services to patient/family as indicated by clinical assessment findings. Maintain appropriate chart documentation of services provided.
5. Provide consultation and feedback to the treatment team (verbal and written); identify potential problems for the patient's medical management (e.g., patient at increased risk for depression, or non-adherence), educate staff regarding psychosocial issues important to the patient's care, make recommendations to staff to facilitate medical care, and identify patient strengths for staff to build upon.
6. Establish professional identity as a member of a multidisciplinary health team.
7. Attend grand rounds and other didactic sessions at the medical center. The intern will be assigned various independent readings regarding psychosocial oncology and participate in a psychosocial oncology journal club.
8. Interns may facilitate a cancer support group for caregivers of bone marrow transplant patients.

SUPERVISION:

Interns are scheduled for 1-2 hours of direct, individual supervision each week and group supervision every other week. In addition, interns are strongly encouraged to contact the supervisor for daily, informal supervision. The intern's prior experience and knowledge base is considered when determining patient assignments. The intern initially observes the supervisor conducting assessment interviews, then conducts interviews jointly, and as the intern's skills develop conducts interviews independently. Supervision time is used to discuss diagnostic assessments, psychotherapy cases, medical center dynamics, consultation issues, psychosocial oncology readings, and the psychologist's role as a health care provider.

ASSIGNMENT SUPERVISORS: Kathleen O'Donnell, Ph.D.
Amanda Urban, Ph.D.
David Kinsinger, Ph.D.
Beth Beenken, Ph.D.

ASSIGNMENT LOCATION: Neuropsychology
Entire hospital, especially Neurology, Geriatrics,
PM&R / Polytrauma and General Medical Services

ASSIGNMENT DESCRIPTION:

The intern will become familiar with the flexible-battery approach to neuropsychological assessment. This method emphasizes qualitative and quantitative data within the framework of a battery of tests which are designed to answer specific consultation questions. Interns will receive training and experience in the provision of assessment and consultation services to medically-based patient populations, as well as a psychiatric population. Neuropsychological services are provided to both an inpatient and outpatient population. Referral sources include, but are not limited to, Neurology, Psychiatry, General Medicine, Geriatrics, Physical Medicine & Rehabilitation / Polytrauma, Neurosurgery, and Psychology. Consultations are utilized by a variety of medical disciplines, including physicians, psychologists, social workers, rehabilitation specialists, and nurses for diagnostic purposes, dementia workups, future management, rehabilitation, and/or determination of competency. Students will also become familiar with CT and MRI reports, and how to correlate neuropsychological measures with neuroanatomical dysfunction. Interns can expect to develop proficiency with regard to clinical interviewing, test administration/selection, test interpretation, and test report writing. Family contact is frequent, particularly with outpatients, and education/supportive services are common. The student will be exposed to a wide variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury / polytrauma, toxic/metabolic disorders, aphasias, amnesic syndromes, and psychiatric disturbances. Most of the patients will be either in their late 60's and 70's or in their 20's (newly returning veterans), but ages may range from 18 to 95. Many patients are of a lower socioeconomic status and reflect a variety of racial and ethnic backgrounds. It is a prerequisite that students have some background in neuropsychology.

GOALS:

1. Increased familiarity with the process-oriented/flexible-battery approach to Neuropsychology
2. Exposure to a consultant model of interacting with other disciplines
3. Exposure to and basic understanding of neuroanatomy
4. Increased familiarity with a variety of neurocognitive disorders, including but not limited to: dementias, strokes and vascular disease, traumatic brain injury/polytrauma, toxic/metabolic disorders, aphasias, amnesic syndromes, and psychiatric disturbances

INTERNSHIP BROCHURE

Neuropsychology – Entire Hospital

Assignment Supervisor: Kathleen O'Donnell, Ph.D

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5. An in-depth understanding of cortical and subcortical dementias
6. An in-depth understanding of traumatic brain injury
7. Increased ability to correlate neuropsychological findings with CT, MRI, and SPECT reports
8. Interns will progress toward establishing their professional identity as psychologists.

PRIMARY OBJECTIVES:

All interns in the neuropsychology rotation will be expected to accomplish the following:

1. Basic understanding of neuroanatomy via readings, didactic presentations, and case discussions
2. Complete assigned readings that cover neuropsychological assessment, the major neurocognitive disorders, dementia (cortical and subcortical types) and traumatic brain injury
3. Participation in didactic presentations
4. Clinical interviewing that aids in the formulation of neuropsychological diagnoses, as well as skill at establishing rapport and providing feedback to patients and families. An intern will complete a minimum of 25 clinical interviews during a 3-month rotation.
5. Competence in administration and scoring of a "core" group of neuropsychological instruments. An intern will complete a minimum of 25 assessments during a 3-month rotation.
6. Knowledge of the electronic medical chart, including familiarity with reading the chart, finding pertinent information, and entering documentation regarding patient contacts.
7. Learning to write neuropsychological reports that integrate qualitative and quantitative assessment findings. Although students will work on reports independently, they will not necessarily be expected to develop diagnostic impressions on their own. An intern will complete a minimum of 20 reports during a 3-month rotation.

Neuropsychology – Entire Hospital

Assignment Supervisors: Kathleen O'Donnell, Ph.D
Amanda Urban, Ph.D.
David Kinsinger, Ph.D.
Beth Beenken, Ph.D.

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8. Improved ability (but not necessarily mastery) to conceptualize evaluation findings and formulate defensible diagnostic impressions
9. As appropriate, learning to make treatment recommendations based on evaluation results

SECONDARY OBJECTIVES:

Only more advanced interns will be expected to accomplish the following (this would include those who have typically had a significant exposure to neuropsychology prior to internship).

1. A more advanced understanding of neuroanatomy and brain-behavior relationships.
2. The intern will initiate readings of a neuropsychological subject of particular interest to her/him and be able to summarize and present findings to supervisor (and other students as relevant).
3. Integration of clinical and experimental neuropsychological research into the assessment process
4. Demonstrate the ability to conduct neuropsychological evaluations independently, picking and choosing neuropsychological tests which are appropriate for a particular referral.
5. Demonstration of the ability to conceptualize quantitative and qualitative neuropsychological findings and formulate defensible diagnostic impressions independently.
6. The ability to arrive at and articulately communicate diagnostic impressions in the form of a written report independently
7. The ability to provide verbal feedback to a wide variety of hospital staff regarding the referral question
8. The ability to provide verbal feedback to patients and, if appropriate, family members with regard to neuropsychological findings.

INTERNSHIP BROCHURE

Neuropsychology – Entire Hospital

Assignment Supervisors: Kathleen O'Donnell, Ph.D.

Amanda Urban, Ph.D.

David Kinsinger, Ph.D.

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SUPERVISION:

Supervision is geared toward the needs and experiences of the intern. With all students, we begin the rotation by working very closely with the student, such that initially, interns will essentially shadow us while we model interviewing and assessment techniques. Gradually, the intern will begin to operate more autonomously, first while we observe her/his performance and then, as adequate competence is developed in interviewing and testing, the intern will operate more independently. The rate with which this occurs varies depending on the experience and abilities of each individual

student. From that point on, supervision occurs regularly, but is certainly not as ongoing as it was initially. Typically, we will meet with the intern before and after each neuropsychological assessment: beforehand, hypotheses about neurocognitive deficits will be generated and assessment alternatives will be explored; afterward, each case will be discussed and conceptualized. Critical thinking will be emphasized. The intern will also receive feedback on formal reports and progress notes. A minimum of two hours of individual supervision will be conducted each week, while several other hours of group supervision will be conducted with the intern and practicum students. In addition to case analysis, supervision time will also be devoted to exploring topics such as neuropathology, neuroanatomy, neuropsychological testing, geriatric issues, and other broad areas related to neuropsychology. In some cases, this discussion time will involve informal presentations by supervisors which utilize the Socratic method of teaching – in other words, we encourage student participation in the form of questions and answers.

Naturally, basic clinical skills will also be focused on during supervision time, including interviewing skills, countertransference issues, etc. We expect that interns will prepare for supervision by having reviewed the appropriate cases, formulated questions and comments, and completed any assigned readings. All interns will be expected to complete assigned readings that cover a variety of neuropsychology topics. More advanced students will be required to initiate readings of a neuropsychological subject which is of particular interest to her/him and be able to summarize and present the readings to supervisor (and other students as relevant).

ASSIGNMENT SUPERVISORS: Irena Persky, Ph.D., Elizabeth Horin, Ph.D. & Erin Zerth, Ph.D.

ASSIGNMENT LOCATION: Home-Based Primary Care (HBPC) Service
Building 217/Building 228
Community (patients' homes)
Inpatient follow-up, when appropriate
*Optional opportunity to gain Primary Care
Experience in a Rural Setting via Hines Satellite
Clinics within HBPC*

ROTATION DESCRIPTION:

On the Home Based Primary Care rotation, the Intern will work as part of an interdisciplinary treatment team (primary care physicians, psychiatry, nursing, pharmacy, social work, kinesiotherapy and dietetics) providing comprehensive services in the homes of veterans with complex and chronic, disabling medical disease(s), such as diabetes, COPD, CHF, cancer, multiple sclerosis, morbid obesity, dementia, etc. HBPC aims to effectively manage chronic disease(s) and reduce inpatient days and total cost of care. The overwhelming majority of patients in the program are geriatric, but ages vary widely (40-100).

The Intern will provide ongoing HBPC team consultation services (i.e., participation in interdisciplinary team meetings, collaboration with HBPC providers, making joint home visits) and a full range of psychological services to HBPC patients. Services will include screening; psychological, cognitive, and decision-making capacity assessments; psychotherapeutic intervention; medical rehabilitation, and prevention-oriented services. Mental health treatment and prevention-oriented services will emphasize time-limited, evidence-based and best practice approaches. The Intern will have the opportunity to address Axis I conditions as well as subclinical symptoms of dysphoria and anxiety, adjustment difficulties (e.g., terminal illness, end-of-life issues), and excessive use or misuse of alcohol or other drugs; provide behavioral medicine interventions to manage pain, disability, address sleep problems, facilitate weight loss, promote smoking cessation, and enhance medical adherence; promote communication/interactions between medical team members, patients, and their families to facilitate the medical treatment process.

The Intern will provide psychoeducational and supportive interventions for spouses, family members/caregivers, and others that are crucial to sustaining the veteran in the home environment. For example, family members may be trained to better manage behavioral problems associated with dementia; such training may allow the HBPC team to reduce use of psychoactive medication as a means of controlling behavioral problems. Opportunity to gain rural primary care experience is available through Hines satellite clinics (i.e., Joliet and Manteno) as supervised by Dr. Zerth.

Since a significant portion of clinical services will be provided in patients' homes, a major rotational emphasis will be on learning how to practice in the context of family

INTERNSHIP BROCHURE

Home Based Primary Care – Buildings 217 and 228, Community

Assignment Supervisor: Irena Persky, Ph.D.

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and community. The Intern will have the opportunity to learn how to integrate patient's ecology into the treatment plan. In order to maximize learning opportunities, driving time will be minimized as much as possible. When joint home visits are conducted driving time will be utilized for consultation or supervision purposes. A portion of clinical services may also be provided via telephone, thus another component of the rotation may involve learning how to effectively practice via telehealth. When appropriate, the Intern will have the opportunity to follow patients during their Hines VA hospitalizations and facilitate transition and adjustment to new living situations (e.g., nursing home, assisted living facility).

TRAINING GOALS:

1. To develop advanced skills necessary to function as a competent collaborative practitioner who provides biopsychosocially-oriented care to patients in primary medical care settings
2. To develop advanced skills in the evaluation and treatment of emotional and behavioral factors that affect patient health outcomes and functioning
3. To develop advanced skills in effective interdisciplinary functioning within the culture and goals of primary care

TRAINING OBJECTIVES:

The Intern will develop and solidify core competencies in the following domains (adapted from Robinson & Reiter, 2007):

1. Clinical practice

- a. Diagnostic interviewing to identify problem/s of concern; limit number of target problems consistent with strategic theories of change; focus on functional outcomes
- b. Conduct appropriate assessments (e.g., identification of Axis I symptomatology, cognitive deficits)
- c. Show knowledge of and implement best practice guidelines, and use evidence based treatments for clinical, subclinical and behavioral health conditions with a focus on brief, solution-focused treatment
- d. Develop advanced understanding of relationship of medical and psychological processes
- e. Show knowledge of psychotropic medicines and adherence strategies
- f. Provide health promotion/disease prevention/primary care lifestyle interventions

2. Practice management

- a. Use sessions efficiently; stay on time when conducting consecutive appointments; use intermittent visit strategy to support home based practice model

Home Based Primary Care – Buildings 217 and 228, Community

Assignment Supervisor: Irena Persky, Ph.D.

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- b. Choreograph patient visits within existing medical services process; coordinate triage of patients to and from external specialty services (e.g., mental health, ATP)
- c. Evaluate outcomes of interventions and develops alternative treatment when indicated

3. Consultation and team performance

- a. Focus on and respond to the referral question; tailor recommendations to work pace of medical units; make recommendations concrete and easily understood by all HBPC team members; focus on recommendations that reduce physician/nurse visits and workload
- b. Provide timely feedback to referring providers
- c. Conduct effective unscheduled/high need consultations
- d. Be willing and able to assertively follow up with health care team members, when indicated
- e. Prepare and present brief presentations to HBPC staff
- f. Attend and actively participate in interdisciplinary team meetings

4. Documentation/administrative skills

- a. Document response to referral question in a timely manner
- b. Write timely, clear, concise chart notes indicating assessment results, objective, quantifiable goals for treatment, treatment response and patient adherence to homework
- c. Document curbside consultations, telephone calls, forms completed and letters written for or received from patients
- d. Understand and apply risk management protocols
- e. Document patient education

SUPERVISION:

The Intern will initially be accompanied on home visits by the supervising psychologist. While the supervising psychologist need not physically accompany the intern on home visits as the intern displays appropriate level of competencies and assumes progressive responsibility for the care of veterans, the supervising psychologist will be at the parent VA facility and readily available at an agreed-upon, identifiable phone number for the duration of the time the intern is in the field making home visits. The intern will receive orientation and training related to handling of emergency situations and related HBPC policies and procedures.

Both formal and informal supervision will be provided. The Intern will meet for formal supervision 1-2 hours weekly with the supervising psychologist regarding core competencies and overall professional development. An important focus of the supervision time will be on evidence-based practice in psychology. Using

INTERNSHIP BROCHURE

**Home Based Primary Care – Buildings 217 and 228, Community
Assignment Supervisor: Irena Persky, Ph.D.**

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actual treatment cases, the supervisor and the Intern will collaboratively explore ways to access the most current, clinically relevant research and integrate this information into patient care given their clinical expertise and patient ecology. Supervision will also encompass a didactic component. That is, the Intern will be provided with a reference list of readings relevant to practicing in a primary care medical setting, with the geriatric population, and in a home setting, and some of these readings will be discussed in supervision. As needed, or "curbside" supervision is also readily available.

ASSIGNMENT SUPERVISOR: Rene E. Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION: Polytrauma Program
Mental Health Building 228

ASSIGNMENT DESCRIPTION:

As part of the Polytrauma program, interns will learn how to work as part of an interdisciplinary team dedicated to evaluating and treating individuals who have sustained multiple, and/or possibly life threatening combat related injuries including traumatic brain injury, soft tissue damage, auditory and visual impairments, amputations, as well as emotional and psychological difficulties (i.e., depression, PTSD, adjustment reactions). Patient population will mainly consist of newly returning soldiers/veterans from Iraq and Afghanistan who have been involved in blasts, mortar attacks, or motor vehicle accidents. Patients represent a variety of racial and ethnic backgrounds. Most of the patients are young (20's), but ages may vary (22-55).

Primary duties will include providing psychotherapy to the TBI/polytrauma patients. Typically, interns will treat the patients on a weekly basis. Treatment modalities include individual therapy, couples therapy, family therapy, and potentially group therapy. Interns will learn how to complete a thorough intake assessment if necessary. This would include obtaining a thorough personal history, military history, medical issues, psychosocial stressors, and diagnosis. Additionally, interns will create an appropriate treatment plan with goals, interventions, etc. Interns will have the opportunity to attend weekly polytrauma administrative meetings and/or interdisciplinary staffings. Opportunities are available to communicate/consult with providers from other departments/disciplines to ensure quality patient care.

GOALS:

1. Display clinical competence in conducting intake assessments and diagnostic interviewing.
2. Display clinical competence in conducting various psychotherapeutic treatment interventions.
3. Develop competent writing skills.
4. Become comfortable and familiar with working with interdisciplinary team.
5. Communicate patient information effectively, appropriately, and ethically to other providers.

OBJECTIVES:

1. Interns will complete intake assessments with polytrauma/TBI patients who are new to the Mental Health Service Line. Diagnostic interviews will be conducted with those patients who are already active in the MHSL, but new to psychotherapy.

INTERNSHIP BROCHURE

Polytrauma Program – Building 228

Assignment Supervisor – Rene E. Pichler-Mowry, Ph.D.

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2. Interns will complete clinically relevant intake reports, progress notes, and treatment plans.
3. Communicate and collaborate with other Polytrauma team members regarding the patient's rehabilitation. Be available to consult with other team members regarding psychological issues. When clinically relevant, attend and participate in Polytrauma meetings.
4. When clinically indicated, interns will collaborate with other providers (e.g., Psychiatry, MH Intake Staff, Social Work, Neuropsychologist, etc.) to help ensure good patient care.

SUPERVISION:

Both formal and informal supervision will be provided. Interns will be required to attend 1-2 hours of formal supervision. Supervisor will be readily available for informal supervision.

ASSIGNMENT SUPERVISOR: Mark P. Popenhagen, PsyD

ASSIGNMENT LOCATION: Loyola University Medical Center
Dept. of Psychiatry & Behavioral Neurosciences
Dept. of Pediatrics
Fahey Center (B-54)
Loyola University Medical Center
2160 S. First Ave.
Maywood, IL 60153

ASSIGNMENT DESCRIPTION:

The Outpatient Psychiatry Clinic at the Loyola University Medical Center employs a multidisciplinary approach to the diagnosis, treatment and prevention of a wide range of psychological issues found in a multicultural population. While the LUMC Outpatient Psychiatry Clinic provides psychological assessment and treatment services to child, adolescent, and adult patients as well as couples, the intern in this rotation will focus primarily on children, adolescents, and their families. Interns will gain experience in initial diagnostic interviewing, report writing, provision of behavioral and cognitive-behavioral therapies, and the application of behavioral medicine techniques to the treatment of physical illnesses.

Common presenting problems include: coping with an illness (acute or chronic), pain management (acute and chronic), medical compliance, disease- and/or treatment-induced psychological difficulties, depressive disorders, anxiety, adjustment problems with mixed emotional features, delirium, preparation for medical procedures, parenting, trauma, abuse, and family concerns. The intern will not focus on autistic spectrum disorders, neuropsychology, or children ages 0-5 years. The intern's time is divided between providing outpatient concerns and inpatient consultation and liaison (C&L). The intern will work closely with psychiatry, social work, and child life in providing psychodiagnostic and psychotherapeutic services.

GOALS:

1. To develop psychodiagnostic and psychotherapeutic skills essential for working with children, adolescents, and their families.
2. To develop psychodiagnostic and psychotherapeutic skills essential for working with a medical population. To gain an understanding of the biopsychosocial model as a theoretical approach to the assessment and treatment of mental illness.
3. To understand the health psychologist's role in an academic medical center setting and gain experience establishing and maintaining professional relationships with a multidisciplinary health care team.
4. To begin to understand chronic pain and learn to treat it in children and adolescents. This will include the basics of hypnotherapy for pain management.

INTERNSHIP BROCHURE

Loyola – Psychiatry, Pediatrics

Assignment Supervisor: Mark Popenhagen, Psy.D.

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5. To begin to feel comfortable working with children and their families in active and fast-paced inpatient settings such as (but not limited to) ICU, NICU, ED, and shared rooms.

OBJECTIVES:

Interns will have the opportunity to perform the following activities:

1. Psychodiagnostic interviewing to assess psychopathology and formulate treatment options for patients. The intern will learn skills essential to building the therapeutic relationship within the context of the initial diagnostic interview. The intern will conduct an average of 2 – 4 initial diagnostic interviews each month.
2. Psychological report writing by integrating data from the diagnostic interview, previous psychological testing, and psychosocial history obtained from the patient, his/her parent(s), school and collateral information.
3. Provide psychotherapy services to patients as indicated by clinical assessment findings. Maintain appropriate chart documentation of services provided.
4. Provide consultation and feedback to the psychiatrist and medical team(s) for the purpose of medication and treatment management.
5. Establish professional identity as a member of a multidisciplinary health team.
6. Attend and participate actively in Child Advocate Team meetings.
7. Attend grand rounds and other didactic sessions at the medical center. The intern will be assigned various independent readings regarding psychotherapy, health psychology, and nonpharmacologic pain management.

SUPERVISION:

Interns are scheduled for 1-2 hours of direct, individual supervision each week. In addition, interns are strongly encouraged to contact the supervisor for daily, informal supervision. The intern's prior experience and knowledge base is considered when determining patient assignments. The intern initially observes the supervisor conducting assessment interviews, then conducts interviews jointly, and as the intern's skills develop conducts interviews independently. Supervision time is used to discuss diagnostic assessments, psychotherapy cases, medical center dynamics, consultation issues, and the psychologist's role as a health care provider.

ASSIGNMENT SUPERVISOR: Margaret Primeau, Ph.D.

ASSIGNMENT LOCATION: Adult/Child Neuropsychology
Hospital-Wide
Loyola University Medical Center
Division of Psychology
Department of Psychiatry

ASSIGNMENT DESCRIPTION:

The idea with this rotation is to gain experience in the neuropsychology service that typifies the neuropsychologist's role in a tertiary care setting. The rotation can augment training at Hines by providing experience with patient populations that the VA tends not to see. Loyola has medical and psychiatric services for children, an acute rehabilitation unit that includes trauma, burn and transplant patients, and a number of specialized neurological and neurosurgical programs that differ from the VA's concentration.

The recommended timing for this assignment is the 3rd or 4th quarter, so that the intern is comfortable with basic assessment techniques and documentation practices. The intern needs to indicate a preference for pediatric versus adult service at the time the annual schedule is drawn up.

Diagnostic evaluation is the primary clinical activity. Adult neuropsychology is chiefly an outpatient service and consists of referrals from Neuropsychiatry, Psychiatry, Neurological Surgery, Primary Care and Neurology. Inpatient referrals originate from Rehabilitation, Neurosciences Intensive Care, Transplant, and Psychiatry Consultation/Liaison as well as other medical units, and typically include questions about psychopathology as well as cognitive dysfunction. Consulting with the clinical teams is integral to inpatient work. Interventions as needed for either inpatient or outpatient cases may include behavior management, adjustment counseling, or family education.

Child neuropsychology consists of evaluation of outpatients for cognitive, academic, and/or behavioral disorders. Referrals come from Primary Care, Neurosurgery, Psychiatry, and pediatric medical services. Among cases assessed early on in the rotation, the intern may also have the opportunity to follow patients for brief intervention (parent education or behavior management).

GOALS AND TRAINING OBJECTIVES:

Given the ground work in the hospital-based Psychology Service that the intern has obtained in the first two quarters at Hines, it is assumed that he or she possesses basic skills in professional comportment and in addressing referrals

INTERNSHIP BROCHURE

Adult/Child Neuropsychology - Loyola Assignment Supervisor: Margaret Primeau Page 2

such as record review, selection of assessments and intervention strategies, timeliness, charting, and feedback to other clinicians. These skills will be further exercised in the Loyola assignment. Interns will be welcome in the seminars and Grand Rounds of the Neurosciences disciplines.

The particular objectives of the adult assignment are as follows:

1. Develop an assessment repertoire suitable for the more common referral questions.
2. Communicate findings and recommendations in lucid and pragmatic language.
3. Develop an in-depth working knowledge of a particular syndrome inspired by clinical contact.
4. Present a case to an interdisciplinary group to include syndrome summary and rationale for tests.

For the child assignment, objectives are:

1. Develop an assessment repertoire suitable for neuropsychological testing of school-age children, including differentials of attention deficit/hyperactivity disorder, reading disability, memory impairment, and psychological disorder.
2. Communicate findings and recommendations in lucid and pragmatic language.
3. Develop an in-depth working knowledge of a particular syndrome inspired by clinical contact.
4. Present a case to an interdisciplinary group to include syndrome summary and rationale for tests.

SUPERVISION:

Supervision will be provided by the full-time neuropsychologist and fellow. Formal supervision will be held weekly for one hour or more as needed, and informal supervision will take place via observation, attendance at staffings and case conferences, and in oversight of documentation.

ASSIGNMENT SUPERVISOR: Kathleen M. Richard

ASSIGNMENT LOCATION: Mental Health Clinic - Building 228

ASSIGNMENT DESCRIPTION: (Six month rotation)

The intern will have the opportunity to develop skills providing a spectrum of psychological services to patients. The Mental Health Clinic serves a diverse population of psychiatric outpatient veterans encompassing a broad range of psychiatric disorders. These include anxiety disorders, particularly PTSD, mood disorders, adjustment disorders, marital discord, psychoses, personality disorders and substance abuse disorders. Treatment modalities include individual, group, and couples therapy. Work will include collaboration with a multidisciplinary treatment team (psychiatrists, nursing staff, and social work staff). The intern will develop assessment, conceptual, interview and intervention skills.

GOALS:

Develop competency as therapist and clinician with reference to the target population.

Perform accurate diagnostic assessment and develop sophisticated interviewing/conceptualization techniques.

Interface with other disciplines such as psychiatry, social work, and nursing.

TRAINING OBJECTIVES:

Perform initial diagnostic assessments of new patients.

Manage a case load of 8-10 mental health patients over an extended period doing psychotherapy on a weekly basis.

Develop treatment plans and meet the objectives of the plan for each individual.

Develop therapy and interviewing skills through weekly supervision.

Maintain a caseload representing a broad range of psychopathologies.

Communicate and collaborate regarding patient care with other providers.

Manage clinic duties independently

Provide accurate documentation of assessments, treatments, diagnoses and goals.

INTERNSHIP BROCHURE

Mental Health – Building 228

Assignment Supervisor: Kathleen Richard, Ph.D.

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SUPERVISION:

Interns are scheduled for 1-2 hours of direct individual supervision per week with a focus on assessment, conceptualization, and intervention.

ASSIGNMENT SUPERVISOR: Bernard Sladen, Ph.D. and Elizabeth Frazier, Ph.D.

ASSIGNMENT LOCATION: ATP - Building 228 - Outpatient

ASSIGNMENT DESCRIPTION:

The Addictions Treatment Program is an outpatient program for patients with a primary substance abuse diagnosis. The Program has a current enrollment of approximately 380 patients. Patients are seen in group, individual and couples therapy, for both short- and long-term treatment. Evidence based treatment, psycho-educational and 12-Step models inform the Program's structure, along with traditional interpersonal process-focused groups. There are three components to the Program. Phase One programming consists of psychoeducational and skills focused groups that meet twice a week over a six week period. Patients then typically transition to a Phase Two group that is selected to best meet the patient's clinical needs at that point in time. Phase Two groups include coping skills groups modeled on dialectical behavior therapy, mindfulness and motivational interviewing modeled groups, and Seeking Safety. Phase Three groups are available for patients who are stable in their recovery programming and who benefit from long-term interpersonal focused process groups. Interns may participate in groups across the three phases in co-therapy with Drs. Sladen and/or Frazier as well as with staff from other professional disciplines. The patient population covers a wide range in age, other demographics, and type and degree of psychopathology. Some patients may be also seen through another program to which Psychology provides consultation, the Opioid Substitution Clinic (OSC), which provides outpatient treatment to patients with opioid dependency diagnoses. Interns who have particular interest in developing group therapy skills may also serve as co-therapists in a psychotherapy group that Dr. Sladen co-leads in the Mental Health Clinic. Many patients in this group may have substance abuse diagnoses or histories of substance abuse.

GOALS:

1. This rotation provides a broad theoretical and clinical understanding of substance abuse as it presents in the patient's psychodynamics, behavior, family system and outside environment.
2. At the end of this rotation, the intern should be able to clinically integrate the role that the patient's substance abuse plays with other elements of the patient's psychological and social functioning. The intern also should be able to develop case conceptualization skills that integrate the various spheres of influence on the patient's psychological functioning. The intern also should be able to effectively provide short-term and long-term psychotherapy across a range of psychotherapeutic models, including those that are empirically validated, to patients with a substance abuse diagnosis. The intern should be able to write an accurately interpreted, conceptualized and integrated psychological test report that incorporates various psychological test measures. The intern will develop skills necessary to function as a psychologist on an inter-disciplinary team.

INTERNSHIP BROCHURE

ATP - Building 228 - Outpatient

Assignment Supervisor: Bernard Sladen, Ph.D.

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TRAINING OBJECTIVES:

1. The intern will provide individual and group therapy to patients in the ATP. The intern may also participate in group therapy with Dr. Sladen in the MHC, and provide individual therapy to patients referred by the OSC. The intern will provide couples therapy in ATP if available. An intern is expected to carry 5-6 individual therapy cases and attend 3-4 group therapy sessions weekly within a part-time, 6-month rotation, which is the preferred schedule.
2. The intern will administer one or two full psychological test batteries, with an emphasis on clinical integration of test data and report writing. An increased focus on psychological testing, with emphasis including projective testing and the use of psychological testing for development of case conceptualization skills, is available as an elective.
3. The intern will function as an active member of the treatment team. The intern will develop interdisciplinary team skills and psychological consultation skills. The intern will attend the weekly team meeting for the ATP. The intern will consult with staff on OSC or other programs, as necessary.
4. The intern will develop a treatment caseload that provides exposure to demographic and diagnostic diversity across the caseload.
5. The intern will manage clinic responsibilities in a professional manner. These responsibilities include treatment progress notes, treatment plans, assessments, consultation follow through, and scheduling.
6. The intern will take responsibility for outside reading of theoretical and scientific books and articles that advance knowledge of substance abuse and aspects of the cases being followed. The intern will focus on integrating theory/science with actual practice in treatment and assessment.

SUPERVISION:

Direct supervision includes both scheduled and unscheduled weekly sessions. While the supervisor presents with an orientation that integrates psychodynamic, systems and ecological theories, he is open to the intern's theoretical orientation and assumes the intern will work primarily under his/her own theoretical orientation in case conceptualization, psychotherapy and assessment. Indirect supervision is mostly evidenced through co-therapy in group and couples therapy. The intern will also be supervised by the PTSD/Substance Abuse fellow and may receive indirect supervision by the fellow through co-therapy in group therapy directed by the fellow.

ATP - Building 228 - Outpatient

Assignment Supervisor: Bernard Sladen, Ph.D.

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The intern will be prepared with detailed notes and/or audiotapes of individual therapy sessions for supervision. The intern will be also prepared to discuss group therapy sessions in which the intern has worked as a co-therapist with the supervisor. The intern is prepared for supervision that is process focused more so than content focused. The intern will take responsibility to place focus in supervision on issues or cases that best meet the intern's supervisory needs.

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Bernard Sladen, Ph.D.

ASSIGNMENT LOCATION: Psychology Training – Building 228

ASSIGNMENT DESCRIPTION:

This rotation provides an introduction to the responsibilities and roles maintained by the Psychology Training Director. Through a mentorial approach, the supervisee will gain an introduction to most activities directed by the Training Director. The trainee will also have an opportunity to develop and implement a quality improvement project that directly relates to regulatory requirements of psychology training programs. Because of the diverse experiences that occur over set times across a calendar year, this rotation is recommended as a part-time experience that extends over a minimum six months period.

GOALS:

1. The trainee will develop an understanding of regulatory requirements of a psychology internship and postdoctoral training program.
2. The trainee will develop an understanding of the conceptual framework under which a program is organized and accredited.
3. The trainee will understand policies and procedures related to trainee recruitment and selection, trainee evaluation, budgeting, and program coordination with hospital requirements and procedures.
4. The trainee will understand the relationship between training goals/objectives and development of program curricula.
5. The trainee will gain an understanding of the role of program evaluation in meeting internal and regulatory body requirements.

OBJECTIVES:

1. The trainee will review requirements for program accreditation by the American Psychological Association, membership in the Association for Psychology Postdoctoral and Internship Centers, and membership/accreditation within other relevant regulatory bodies.
2. The trainee will review the philosophy, models, goals and objectives of the Hines training programs and will understand how these are conceptualized and operationalized to develop and maintain a coherent and fully integrated training program.
3. The trainee will participate in the Training Director's activities involving public information development, coordination of recruitment activity, development of educational curricula, within-department and outside department activity

Psychology Training – Building 228

Assignment Supervisor: Bernard Sladen, Ph.D.

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4. coordination, policy and procedure development, and program evaluation through coordinated work activity with the Training Director.
5. The trainee may develop a quality improvement protocol and be responsible for all elements including needs assessment, operationalized plan and project, data collection and analysis, and final report.

SUPERVISION:

Supervision is regularly scheduled and mentorial. The trainee will shadow the Training Director as appropriate, and supervision sessions will focus on didactic education, review of trainee progress on assigned projects and tasks, and coordinated, conjoint work activity.

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: The psychologist assigned to this program will move this year. We hope to fill this position soon.

ASSIGNMENT LOCATION: **MOVE! (Managing Overweight/Obesity in Veterans Everywhere) Program**

ASSIGNMENT DESCRIPTION:

Clinical work with MOVE! participants is offered as an optional experience in conjunction with the SCI RCF rotation with Dr. Smith. Because of variable patient interest, MOVE! is not reliable as an independent rotation.

The MOVE! Program was designed by the National Center for Health Promotion and Disease Prevention (NCP), and is a comprehensive, multidisciplinary approach to weight management with five levels of care. Levels 2 (groups) and 3 (weight loss medications) were instituted at Hines in 10/2005, and there is hope of expanding the local MOVE! services as patient interest and resources allow. The current Hines program consists of three phases. Phase I is a monthly introductory class, acclimating veterans to the program and facilitating enrollment of new participants every month of the year. Phase II consists of a rotating schedule of eight large group classes (30-50 veterans). These classes include a balance of didactics, demonstrations, handouts, and surprisingly ample participant discussion. The eight standard classes meet twice a month, over a four-month period. This cycle repeats continuously throughout the year. Once a veteran completes a four-month cycle, he/she is enrolled in Phase III, a monthly support group. Veterans are typically referred by their primary care provider. With the exception of a few medical contraindications, all Hines veterans are eligible for this program. The MOVE! team consists of two dietitians, a physician, a social worker, a psychologist, a physical therapist, and a pharmacologist. The team members work very well together, are consistently interested in input from Psychology, and are always looking for ideas for improving the services offered to our veterans. All classes take place on Tuesday mornings and team meetings are usually held the 3rd Tuesday afternoon of each month.

Interns are encouraged to consider involvement with MOVE! in conjunction with their RCF rotation. Possible duties would vary with intern interests, and could include: participation in classes, assisting with administration of questionnaires to the intro group, leading or co-leading large group discussion, participation in team meetings, and evaluating and following several veterans for individual weight management counseling. Additionally, a post doc may choose to facilitate group therapy with a subset of patients, such as binge eaters, severe psychiatric cases, etc. As this is a new and continuously evolving program, interns are encouraged to suggest new ideas or strategies. The patient population is quite diverse in terms of age, ethnicity, SES, educational background, medical and psychiatric co-morbidities, motivation, and willingness to accept responsibility for their health. This mixture can be challenging to manage in such a large group setting, and thus provides a fairly unique clinical experience.

MOVE! Program – Building 200
Page 2

GOALS:

1. To develop an understanding of the role of a psychologist on a multidisciplinary weight management treatment team.
2. To develop knowledge and skills in assisting individuals in losing weight through long-term healthy lifestyle change.

TRAINING OBJECTIVES:

1. The intern will attend and assist with the MOVE! clinics on Tuesday mornings, to learn about multiple aspects of weight management.
2. The intern will follow 1-4 patients for weight management-focused, individual therapy.
3. The intern will participate in the team meetings.
4. The intern will be responsible for chart reporting, test reports, treatment plans, etc. for patients they see professionally.
5. The intern will be responsible for reading and developing specialty knowledge in the area of weight loss, obesity, and obesity-related conditions.

SUPERVISION:

Interns will receive a minimum of 1 hour of direct individual supervision for their work with the MOVE! program. Additional supervision will be available as needed. Based on prior training and background, the intern will be expected to progressively develop more autonomy as the rotation progresses.

INTERNSHIP BROCHURE

ROTATION CREDITS

ASSIGNMENT SUPERVISOR: Michael Blacconiere, Ph.D.

ASSIGNMENT LOCATION: Geropsychology/Rehabilitation (G/R)

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	1-2	1
Assessment without Formal Testing	2-3	1-2
Assessment with Formal Testing	1-2	1
Consultation	2	0-1

ASSIGNMENT SUPERVISOR: Robert S. Chimis, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic - Building 228

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	5-6	2-3
Assessment without Formal Testing	1-3	1-2
Assessment with Formal Testing (optional)	0-1	0-1
Consultation	1	0-1

ASSIGNMENT SUPERVISOR: Paul Fedirka, Ph.D.

ASSIGNMENT LOCATION: Blind Rehabilitation Center - Building 113

	<u>Full Time</u>
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	3
Assessment with Formal Testing	0-1
Consultation	2-3

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Patricia Garcia, Ph.D.

ASSIGNMENT LOCATION: MHICM Program – Building 228

	<u>Full Time</u>	<u>Part Time</u>
Intervention/Psychotherapy	3-4	1-2
Assessment without Formal Testing	1-2	0-1
Assessment with Formal Testing	0-1	0-1
Consultation	2-3	1-2

ASSIGNMENT SUPERVISOR: Richard Greenblatt, Ph.D.

ASSIGNMENT LOCATION: Outcome Evaluation and Measurement -
Throughout hospital

	<u>Part Time</u>
Consultation	0-2

ASSIGNMENT SUPERVISOR: Julie Horn, Ph.D.

ASSIGNMENT LOCATION: Primary Care/Ambulatory Care
Building 200

	<u>Half Time</u>
Intervention/Psychotherapy	2
Assessment without Formal Testing	1
Assessment with Formal Testing	0
Consultation	1

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Paul Johnson, Ph.D.
Jeff Canar, Ph.D.
Caroline Hawk, Ph.D.

ASSIGNMENT LOCATION: Spinal Cord Injury Service
Acute Rehabilitation Unit, Building 128,
Medical Care SCI Units (2), Building 128.
Outpatient Clinic, Building 128 / Home Care Clinic
Residential Care Facility

Dr. Johnson -	<u>Full Time</u>	<u>Half Time</u>
Intervention/Psychotherapy	2	1
Assessment without Formal Testing	2	1
Assessment with Formal Testing	2	1
Consultation	2	1

Dr. Canar -	<u>Full Time</u>	<u>Half Time</u>
Intervention/Psychotherapy	2	1
Assessment without Formal Testing	2	1
Assessment with Formal Testing	2	1
Consultation	2	1

Dr. Hawk -	<u>Full Time</u>	<u>Half Time</u>
Intervention/Psychotherapy	2	1
Assessment without Formal Testing	2	1
Assessment with Formal Testing	2	1
Consultation	2	1

ASSIGNMENT SUPERVISOR: Steve Kimmons, S.J., Ph.D.

ASSIGNMENT LOCATION: Loyola University Medical Center
Dept. of Psychiatry and Behavioral Neurosciences
Fahey Center (B-54)
2160 S. First Ave.
Maywood, IL 60153

One Quarter Time for Six Months

Intervention/Psychotherapy	4
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INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Kelly Phipps Maieritsch, Ph.D.
Kurt L. Noblett, Ph.D.
Elizabeth Frazier, Ph.D.
J. Ric Monroe, Ph.D.
Barbara Pamp, Ph.D.

ASSIGNMENT LOCATION: Trauma Services Program – Building 228

	<u>Full Time</u> (per quarter)	<u>Half Time</u> (per 6 month)
Intervention/Psychotherapy	N/A	2-3
Assessment without Formal Testing	3-4	2-3
Assessment with Formal Testing	2-3	1-2
Consultation	1-2	1-2

ASSIGNMENT SUPERVISOR: Patricia Mumby, Ph.D.

ASSIGNMENT LOCATION: Oncology - Loyola
Cardinal Bernardin Cancer Center
Loyola University Medical Center
2160 S. 1st Avenue, Building 112, Rm B1
Maywood, IL 60153

	<u>Half Time</u>
Intervention/Psychotherapy	1.5
Assessment without Formal Testing	1
Assessment with Formal Testing	0
Consultation	1.5

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Kathleen O'Donnell, Ph.D.
Amanda Urban, Ph.D.
David Kinsinger, Ph.D.
Beth Beenken, Ph.D.

ASSIGNMENT LOCATION: Neuropsychology
Entire hospital, especially Neurology, Geriatrics,
and General Medical Services

	<u>Full Time</u>
Intervention/Psychotherapy	0
Assessment without Formal Testing	2-3
Assessment with Formal Testing	5-6
Consultation	1

ASSIGNMENT SUPERVISOR: Irena Persky, Ph.D.
Elizabeth Horin, Ph.D.
Erin Zerth, Ph.D.

ASSIGNMENT LOCATION: Buildings 217 and 228, Community

	<u>Full Time</u>	<u>Half Time</u>
Intervention/Psychotherapy	1-2	1
Assessment without Formal Testing	2-3	1-2
Assessment with Formal Testing	1-2	0-1
Consultation	2	1

ASSIGNMENT SUPERVISOR: Rene Pichler-Mowry, Ph.D.

ASSIGNMENT LOCATION: Polytrauma Program – Building 228

	<u>Half Time</u>
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	0-1
Assessment with Formal Testing	0
Consultation	1

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Mark Popenhagen, Psy.D.

ASSIGNMENT LOCATION: Loyola – Psychiatry, Pediatrics

	<u>Quarter Time</u> (six months)
Intervention/Psychotherapy	1-2
Assessment without Formal Testing	1
Assessment with Formal Testing	0
Consultation	1-2

ASSIGNMENT SUPERVISOR: Margaret Primeau, Ph.D.

ASSIGNMENT LOCATION: Loyola – Psychology, Psychiatry

	<u>Quarter Time</u>
Intervention/Psychotherapy	0
Assessment without Formal Testing	0
Assessment with Formal Testing	2
Consultation	0

ASSIGNMENT SUPERVISOR: Kathleen Richard, Ph.D.

ASSIGNMENT LOCATION: Mental Health Clinic – Building 228

	<u>Half Time</u>
Intervention/Psychotherapy	2
Assessment without Formal Testing	2
Assessment with Formal Testing	0
Consultation	0-1

INTERNSHIP BROCHURE

ASSIGNMENT SUPERVISOR: Bernard Sladen, Ph.D.
Elizabeth Frazier, Ph.D.

ASSIGNMENT LOCATION: ATP - Building 228 - Outpatient

	<u>Half Time</u>
Intervention/Psychotherapy	2-3
Assessment without Formal Testing	1
Assessment with Formal Testing (Optional)	0-1
Consultation	0

ASSIGNMENT SUPERVISOR: Bernard Sladen, Ph.D.

ASSIGNMENT LOCATION: Psychology Training – Building 228

	<u>Quarter Time</u>
Consultation	2

ROTATIONAL SCHEDULING SUMMARY SHEET

	¼	½	FT	3 mos. only	6 mos. Only	3 or 6 mos.
Blacsoniere	V	V	V	X	X	V
Canar	X	1/2 -3/5	V	V	X	X
Chimis	X	V	V	X	(preferred)	V
Fedirka	X	X	V	X	X	V
Garcia	X	V	V	X	X	V
Greenblatt	V	X	X	V	(preferred)	V
Hawk	X	V	V	X	X	V
Horn	X	V	X	X	V	X
Johnson	V	1/2-3/5	V	V	X	X
Kimmons	V	X	X	X	(preferred)	V
Mumby	V	V	X	X	X	V
Maieritsch/Noble/Frazier/ Monroe/Pamp	X	V	V	V (assessment focused)	X	V
Persky/Horin/Zerth	X	V (preferred)	V	X	X	V
Richard	X	V	V	X	V	X
				(w/considerable		
O'Donnell/Urban/Kinsinger/ Beenken	X	X	V	neuropsych exp)	X	V
Primeau	V	V	X	X	X	V
Pichler-Mowry	X	V	X	X	V	X
Popenhagen	X	V	X	V	X	X
Sladen/Frazier-ATP	V	V	X	X	V	X
Sladen-Training	V	X	X	X	V	X

Legend:

V available

X not available

INTERNSHIP BROCHURE

ACCREDITATION STATUS

Our program has been APA-Accredited since 1976. Our next site visit is scheduled for 2012.

American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
(202) 336-5979
(202) 336-6123 (TDD)

GENERAL INFORMATION

Number of hours of supervised training required during internship = 2,080.

Stipend - \$24,654. (less deductions, plus FICA), paid every two weeks for 26 pay periods.

13 days vacation leave and 13 days available sick leave, in addition to the 10 annual Federal Holidays.

Health and life insurance coverage is available to Psychology Interns in the VA system.

VA will provide malpractice liability coverage through the protection of Federal Tort Claims Act.

Free parking. Public transportation subsidy for Interns using public transportation to come to work.

On-site day care center.

Personal computers with internet access in most intern offices.

Full use of Hines and Loyola medical libraries.

QUALIFICATIONS

U.S. Citizen

Minimum 450 intervention plus assessment practicum hours (APPIC Application)

Doctoral candidate in an APA-Accredited clinical or counseling psychology academic program

Finally, a Certification of Registration Status and Certification of U.S. Citizenship are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification

Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you match with our internship program and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. We will not consider applications from anyone who is not currently a U.S. citizen (unless one has a scheduled naturalization date and can provide us a copy of one's Certificate of Naturalization prior to January 31, 2009). The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as are other staff.

APPLICATION REQUIREMENTS

1. AAPI Online (available at the APPIC Web Site: <http://www.appic.org>)
2. Three or four letters of recommendation from major patient-care or research practicum supervisors. Please provide an explanation in your cover letter for any absence of letters of recommendation from sites in which you completed 400+ practicum hours (including support hours).
3. Hines Application Addendum (available on our webpage) – Please submit this Form to the Supplemental Materials section of the AAPI Online application.
4. Personal Interview - by Invitation

Refer to "Application Information" (on our Webpage) for more details

TO APPLY

Application materials may be obtained by going to our webpage – www.hines.va.gov/about/psychl.asp (note: the letter after "psych" in our web address is a capital "i"), or request materials by email – bernie.sladen@va.gov, or in writing, from:

**Hines VA Hospital
5000 South Fifth Avenue
Internship Training Program
Psychology Service (116B)
Building 228, Room 3053
Hines, IL 60141- 3030**

Deadline for receiving the COMPLETED Application: November 2, 2009.

Internships will start July 6, 2010.

INTERNSHIP BROCHURE

DIRECTIONS

Hines Hospital is located in Chicago's western suburbs, at Fifth Avenue and Roosevelt Road, adjacent to the towns of Maywood and Broadview. Loyola University Medical Center and the State of Illinois' Madden Mental Health Center are located adjacent to Hines in Maywood.

O'Hare and Midway Airports are less than 30 minutes away by car. Downtown Chicago and the lakefront are about 15-20 minutes east of the hospital (about 12 miles).

From the North (including O'Hare Airport) or South

Take I-294 (Tri-State Tollway) - to I-290 (Eisenhower Expressway).
East on I-290 (Chicago) - to First Avenue exit (Exit #20).
Turn right (South) on First Avenue - to Roosevelt Road (Route 38).
Turn right (West) on Roosevelt - go to Fifth Avenue (the first stop light).
Turn left to enter the Hines Hospital grounds.

From the Far Western suburbs.

Take I-88 - to I-290.
East on I-290 - to (First Avenue Exit) - Exit #20.
Follow directions above from Exit #20.

From Downtown Chicago:

Take I-290 (West) - to (First Avenue Exit) - Exit #20.
Turn left (South) on First Avenue - to Roosevelt Road (Route 38).
Follow directions above from Roosevelt Road (Route 38).

Visitor Parking is readily available in parking lots in front of Building 200 (the 15 story white tower) and next to Building 228 (the Psychiatry Building), which is a newer 5-story red brick building immediately east (to the left) of Building 200. Enter Building 228, and take the elevator to the third floor. Psychology Service is on 3 South.

As an alternative, enter Building 200 and ask directions to Building 228 (Information Desk in the lobby of Building 200). Building 228 is connected to Building 200 by an indoor corridor.

Psychology Training and Education section is located right after you enter 3-S.

If lost in either building, ask any employee for directions to this location. We all try to be friendly and helpful.

Because Psychology offices are located throughout the hospital, be sure to ask directions to the specific building (Building 228), and location (3rd floor, South).

